

# DANEBANK

An Anglican School for Girls

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## Application for Exemption from Attendance at School Participation at representative level in a sport or cultural activity or Long-term Illness

Form  
A.1

### Part A (to be completed by parent/caregiver)

#### School Details

School Name: **DANEBANK - An Anglican School for Girls**

Suburb: **HURSTVILLE**

Tel No. 9580 1415

#### Student Details

Family name ..... Given name(s) .....

Address .....

.....Postcode .....

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Year Group: .....

#### Application for Exemption

Dates of exemption applied for: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Number of school days.....

**Reason for Application for Exemption** (please tick relevant box)

- Long term illness of student
- Employment in entertainment industry
- Participation in elite sporting event for short periods of time
- Exceptional domestic circumstances

Please provide details about the reason for the Application for Exemption

.....  
.....  
.....

Are there any prior or current exemptions? No  Yes  Please provide details below

Dates of prior/current exemption from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Number of school days .....

Is copy of prior/current Certificate of Exemption attached? Yes  No

**Assessment Requirements**

Students are to detail below any assessments that will occur during this absence. In addition, students must consult with the Deputy Principal, Administration regarding possible alternative arrangements.

Subject	Assessment Task	Due Date	Alternative Arrangement	Deputy Principal Admin.

The School Assessment Calendar has been checked and we confirm that: *(Please tick appropriate box)*

- There are no assessments due in the period of applied absence OR  
 Assessment(s) due, but alternative completion arrangements made with Deputy Principal, Administration.

Student Signature: ..... Parent/Caregiver Signature: .....

**Parent / Caregiver Details**

Family name ..... Given name(s) .....

Address .....

.....Postcode .....

Contact Telephone ..... Relationship to student .....

**Declaration / Signature**

As the parent/caregiver of the above mentioned student, I hereby apply for a Certificate of Exemption from Attendance at School, under the Education Act 1990.

I understand that, if the exemption is granted

- I am responsible for the supervision of the student during the Period of Exemption;
- the exemption is limited to the period indicated;
- the exemption is subject to the conditions listed on the Certificate of Exemption;
- the exemption may be cancelled at any time.

I declare that the information provided in this Application for a Certificate of Exemption is, to the best of my knowledge and belief, accurate and complete. I recognise that, should statements in this Application later prove to be false or misleading, any decision made as a result of this Application may be reversed.

I further recognise that a failure to comply with any condition set out in the exemption may result in the exemption being revoked.

Signature of applicant/s: ..... Date \_\_\_ / \_\_\_ / \_\_\_\_

***Once you have completed and signed Part A please return this form to the school Principal***

**Privacy Statement**

The information that you provide will be used to process the student's Application for an Exemption from the requirement to enrol at and/or attend school. It will only be disclosed for the following purposes:

- General student administration relating to the education and welfare of the student;
- Communication with students and parents;
- To ensure the health, safety and welfare of students, staff and visitors to the school;
- State and national reporting purposes;
- For any other purpose required by law.

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used or disclosed, you should contact the school.

**Part B**

**School use only**

**Principal's Decision and Signature**

**Application for Exemption of less than 50 days**

- Granted  Complete Form C.1 (*Certificate of Exemption from Attendance at School*)
- Declined

Details .....

Name of Principal **MARYANNE DAVIS** Contact Tel. 9580 1415

Signature ..... Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Principal's Recommendation and Signature**

**If Application is for Exemption of 50 days or more the principal makes a recommendation.**

I recommend that this Application for Exemption from Attendance at School is:

- Granted
- Declined

Please provide more details here (if required).....

Name of Principal **MARYANNE DAVIS** Contact Tel. 9580 1415

Signature ..... Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Investigating Officer's Recommendation and Signature**

**Application for Exemption of 50 days or more**

- Granted
- Declined

Details .....

Name of Officer ..... Contact Tel .....

Signature ..... Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Minister's Decision (to be completed and signed by the Delegate)**

**Application for Exemption of 50 days or more**

- Granted
- Declined

Details .....

Name of Delegate ..... Position.....

Signature ..... Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**If an exemption has been granted, the Principal completes  
Certificate of Exemption from Attendance at School (Form C.1)**

