



**APPLICATION FOR EXEMPTION FROM SCHOOL ENROLMENT/ATTENDANCE
AND EDUCATION ENROLMENT/PARTICIPATION
FOR ALL STUDENTS 17 YEARS AND UNDER**

SECTION 1 Details

The student must attend school regularly until exemption is approved.
Information provided is protected by the Government of South Australia Information Privacy Principles.
For information regarding the exemption process see - www.decd.sa.gov.au/educationage

Name of Student (in full)

School/Provider

Parent/Guardian Address

Parent/Guardian Phone Postcode

Student's Date of Birth Age Gender Male/Female Year Level

Name of Parent/Guardian MR / MS Signature

SECTION 2 Reason (please tick)

Note: 16 year old students do not require an exemption to participate in vocational training such as TAFE, Apprenticeships or Traineeships

Permanent

- Full Time Employment (Greater than 30hr per/w for 15 year old and 25hr per/w for 16 year olds) Letter of offer from the employer required to be attached. TAFE / Other Course > TAFE enrolment form or letter from TAFE must be attached
- Traineeship > Copy of contract of training or a letter of offer from the employer required to be attached Apprenticeship > Copy of Contract of training or a letter of offer from the employer required to be attached

Temporary

- Family Travel / Holiday (over 12 months) Letter from medical practitioner required
- Ongoing Medical Condition > Note: An exemption is not required unless a child is unable attend/participate long-term due to an ongoing medical condition
- Other / Conditional > please indicate / if conditional exemption > Form B required

SECTION 3 Period

Period of Exemption Requested (beginning and end dates) to

SECTION 4 Employer Details (if exemption is for Full Time Employment, Traineeship or Apprenticeship)

Employer's Name Business Name

Address

Phone Start Date

SECTION 5 Recommendations (for school use only)

Principal approval: For Temporary exemptions less than one month or for Family Travel/Holiday up to 12 months

Principal recommendation: For all Permanent exemptions and Temporary exemptions for more than one month

PRINCIPAL - APPROVED / NOT APPROVED
(please circle)

Signature _____ Date ____/____/____

OR

PRINCIPAL - RECOMMENDED / NOT RECOMMENDED
(please circle)

Signature _____ Date ____/____/____

SECTION 6 Approval (for Central Delegate use only)

APPROVED / NOT APPROVED – include period of exemption if different to period requested and whether the exemption is from enrolment and/or participation.
(please circle)

If Central Delegate approval is required send to:

SIGNATURE: DATE:

CENTRAL DELEGATE
DECD

Central Delegate
Exemptions Processing
Office for Schools
Level 6 Education Building
31 Flinders Street
ADELAIDE SA 5000