



KESSER TORAH COLLEGE

Cnr Blake & Napier Streets Dover Heights NSW 2030
02 9301 1111 | info@ktc.nsw.edu.au | www.kessertorah.nsw.edu.au

APPLICATION FOR EXEMPTION FROM ATTENDANCE AT SCHOOL

PART A

To be completed by Parent **4 weeks in advance**

Date submitted: ____ / ____ / ____

STUDENT DETAILS		
Surname:	First Name:	
Year / Class:		
Address:		
From: ____ / ____ / ____	To: ____ / ____ / ____	No. of Days:
PARENT / CARER DETAILS		
Surname:	First Name:	
Email:		
Address:		
Phone:	Relationship:	
Reason for Exemption: (please tick)	<input type="checkbox"/> Exceptional domestic circumstances <input type="checkbox"/> Other exceptional circumstance <input type="checkbox"/> Direction under section 32D of the <i>Public Health Act 1991</i> <input type="checkbox"/> Employment in entertainment industry / participation in elite sporting event for short periods of time i.e. 1-2 days and at short notice.	
If Other: (details)		

Note: Where the reason for application for exemption includes long-term travel arrangements of greater than 20 school days, copies of travel documentation should be included with the application.

Approval	Endorsement
Approved Leave: Permission to be absent from school	Endorsed Leave: permission for absence due to illness, family death / major issue, or representing the school.
Student attains "zero" for non-completion of assessment tasks not done or handed in by the due date.	Student attains "estimate" if an assessment task is missed or not handed in.

Note: Students should obtain home-work from teachers **before** their absence to minimize 'catch-up'. Other than in exceptional circumstances, it is the student's responsibility to ensure s/he catches up on all work missed.

Declaration

As the parent / carer of the abovementioned 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 his / her supervision 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 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.

Applicant Signature: _____

Date: _____ / _____ / _____

Privacy Statement

The information you provide will be used to process the Student's Application for an Exemption to 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 purpose required by law.

The information will be stored securely. You may access or correct any information by contacting the relevant school secretary (High School or Primary). If you have any concerns about the way your personal information has been collected, used or disclosed, please contact the school.

PART B

Approval / Acknowledgement - School use only.

General Studies: _____

Date: _____ / _____ / _____

Jewish Studies: _____

Date: _____ / _____ / _____

Recommendation: Acknowledged Rejected

Comment: _____

College Principal: _____

Date: _____ / _____ / _____

	PRIMARY	SECONDARY	COLLEGE PRINCIPAL
General Studies	Noelene Bellingham	Michele Hanwell-Short	Roy Steinman
Jewish Studies	Rabbi Milecki	Rabbi Chaiton / Dvora Moss	

Office use only:

Parent Teachers Reception School Secretary

By: _____ Date: _____