



Application for Exemption from Schooling

This form is to be used by parents/guardians who wish to apply for an exemption from schooling for their child.

- An exemption is required if a student is away from the College for more than ten (10) consecutive school days (excluding weekends).
- Part A is to be submitted prior to the student's scheduled absence.


How to complete this form:

1. Part A is to be completed and signed by the parent/guardian. All supporting material should be attached to the application for consideration. This is to be emailed to principal@rivermount.qld.edu.au or handed in at the Administration Office prior to the absence.
2. Part B is to be completed by the Principal, who will check all supporting material provided and communicate in writing whether approval is granted.

Part A - Please type or print clearly and COMPLETE ALL SECTIONS

Student Details		
Student Name:		
Student DOB: / /	Year Level:	
Parent/Guardian Details		
Name:		
Address:		
Phone Number:		
Exemption Details		
What dates is the exemption sought for?	Start:	End:
Total number of school days exemption sought for:		
For what reason is the exemption sought?		
Diagnosis of terminal medical condition	<input type="checkbox"/>	<i>Please attach any supporting evidence or comments separately.</i>
Illness or hospitalisation for a prolonged period of time	<input type="checkbox"/>	
'Carer' responsibilities	<input type="checkbox"/>	
Mental health condition	<input type="checkbox"/>	
Extended travel	<input type="checkbox"/>	
Cultural or religious reasons	<input type="checkbox"/>	
Family reasons	<input type="checkbox"/>	
Other (please provide details separately)	<input type="checkbox"/>	
Signature of Parent:		Date:

Part B – To be completed by Principal, who will check all supporting material provided and communicate in writing if approval is granted.

Previous Exemption Details		
I have previously granted the following exemptions for the applicant for this year :		
1. Start:	End:	Number of school days:
2. Start:	End:	Number of school days:
3. Start:	End:	Number of school days:
Total number of exemptions:	Total number of school days student exempted:	
<p><i>Note, if the period of the exemption that is the subject of this application would, if it were granted, cause the total period of exemptions granted for the student to be more than 110 school days in the current year, the Principal cannot make a decision regarding this application. Instead, an application must be made to the Office of Non-State Education at the Department of Education and Training on their approved form.</i></p>		
Exemption Decision		
<input type="checkbox"/>	<p>Granted I grant the exemption for this student as requested, to apply as follows: Start: _____ End: _____</p>	
<input type="checkbox"/>	<p>*I grant the exemption for this student for a lesser period than what was requested, being: Start: _____ End: _____</p>	
<input type="checkbox"/>	<p>*I grant the exemption for this student with the following conditions:</p>	
	<p><i>For students in the compulsory participation phase: The exemption is: Full <input type="checkbox"/> Partial <input type="checkbox"/> If partial, the exempt FTE is <input type="checkbox"/></i></p> <p><i>The exemption may apply until the end of the compulsory participation phase, or until an earlier time. Please ensure that you have indicated this clearly in the relevant section above.</i></p>	
<input type="checkbox"/>	<p>Not granted *I do not grant the exemption for this student</p>	
Signature		
Signature of Principal		Date