

**FORM B**

ED 175

Updated: Oct 2014

**APPLICATION FOR EXEMPTION FROM SCHOOL ENROLMENT/ATTENDANCE**

**AND EDUCATION ENROLMENT/PARTICIPATION**

### FOR ALL STUDENTS 17 YEARS AND UNDER

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 processes see - [www.decd.sa.gov.au/educationage](http://www.decd.sa.gov.au/educationage)

**COMPULSORY INFORMATION – *all fields must be completed***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Student** (in full) |  | **EDID** |  | | | |
|  |  | | | | | |
| **School/Provider** |  | | |  | **Site No:** |  |
|  |  | | | | | |

|  |  |
| --- | --- |
| **Principal’s Name** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Guardian Address** |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian Phone** |  | | | | | | | | | | |  | | | **Postcode** | | |  | | | | |
|  |  | | | | | | | | | | |  | | | | | |  | | | | |
| **Student’s Date of Birth** |  | | | | | |  | **Age** |  | | | **Gender** | | | |  | | |  | **Year Level** | |  |
|  |  |  |  | |  |  |  |  |  | | |  | | | |  | | |  |  | |  |
|  | | | | **GOM** | | | **🞎** | | | **ATSI** | | | **🞎** | | | | **SWD** | | | | **🞎** | |
|  |  | | | | | | | | | |  | | |  | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Parent/Guardian** |  | **Signature** |  |
|  |  |  |  |

***Detailed information is required to support the application. Copies of all documentation pre criteria selected must be attached***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Disability** | | | |  |  | Updated IEP, NEP including a timeline demonstrating how time at the school will increase |
|  |  | Provide evidence of previous strategies and additional resourcing that has been implemented |
| **Review Date** |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Behaviour** | | | |  |  | Updated IEP, NEP including a timeline demonstrating how time at the school will increase |
|  |  | Provide evidence of previous strategies and additional resourcing that has been implemented |
| **Review Date** |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Health / Medical** | | | |  |  | Updated IEP, NEP including a timeline demonstrating how time at the school will increase |
| **Review Date** |  |  |  |  |  | Evidence of previous strategies and additional resourcing that has been implemented |

**ALL SUPPORTING DOCUMENTATION MUST BE ATTACHED**

***FORM B continued overleaf***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student (in full)** |  | **EDID** |  |

|  |
| --- |
| **Details:** |

**Conditional / Other**

***(more than 1 month)***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date** |  |  |  |  | **End Date** |  |  |  |

|  |
| --- |
| **Details:** *Letter from Practitioner must be attached* |

**Ongoing Medical**

***(more than 1 month)***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date** |  |  |  |  | **End Date** |  |  |  |

**ALL SUPPORTING DOCUMENTATION MUST BE ATTACHED**

**ALL DETAILS MUST BE COMPLETE**

**Supplementary School Program**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Start Time** |  |  |  |  |  |
| **Finish Time** |  |  |  |  |  |

|  |  |
| --- | --- |
| **Conditions**: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date** |  |  |  |  | **End Date** |  |  |  |

**ALL THREE RELEVANT SIGNATURES MUST BE OBTAINED BEFORE FORWARDING TO CENTRAL DELEGATE**

**DECD - CENTRAL DELEGATE - APPROVED / NOT APPROVED** (please circle)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**PARENT / GUARDIAN**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**DECD – TEAM LEADER - APPROVED**

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Signature Date

**PRINCIPAL – RECOMMENDED**

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Signature Date