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**FORM C**

*Updated: Aug 2023*

**PRINCIPAL APPROVED APPLICATION FOR EXEMPTION FROM SCHOOL ENROLMENT/ATTENDANCE AND EDUCATION ENROLMENT/PARTICIPATION**

### FOR ALL STUDENTS UP TO 17 YEARS

The student must attend school regularly until exemption is approved.

Information provided is protected by section 137 of the *Education and Children’s Services Act 2019.*

For information regarding the exemption processes see [SA.GOV.AU - Exemption from attending school (www.sa.gov.au)](https://www.sa.gov.au/topics/education-and-learning/schools/school-life/exemption-from-attending-school)

**COMPULSORY INFORMATION – *all fields must be completed - Please retain at school in student file***

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

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| **School/Provider** | PROSPECT PRIMARY SCHOOL | |  | **Site No:** | 0368 |
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|  |  | | | | |
| **Principal’s Name** |  |

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| **Parent/Guardian Address** |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian Phone** |  | | | | | | | | | | |  | | | **Postcode** | | |  | | | | |
|  |  | | | | | | | | | | |  | | | | | |  | | | | |
| **Student’s Date of Birth** |  | | | | | |  | **Age** |  | | | **Gender** | | | |  | | |  | **Year Level** | |  |
|  |  |  |  | |  |  |  |  |  | | |  | | | |  | | |  |  | |  |
|  | | | | **GOM** | | | **Yes / No** | | | **ATSI** | | | **Yes /No** | | | | **SWD** | | | | **Yes / No** | |
|  |  | | | | | | | | | |  | | |  | | | | | | | | |
| **Name of Parent/Guardian** |  | | | | | | | | | | **Signature** | | |  | | | | | | | | |

**Principal Approved temporary period of exemption**

Temporary Period of Exemption

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|  | **Family Travel/Holiday – Up to 12 months**  *(Copy of itinerary/flight booking to be kept on school file)* | **Destination** | *Consider any learning plan requirements for lengthy absences* |

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

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|  | **Other/Conditional/Part time – Up to 1 month**  *(Copy of documentation to be kept on school file)* | **Destination** | *PLP including a timeline demonstrating how attendance at school will increase* |

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

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|  | **Medical – Up to 1 month**  *(Copy of recent medical support letter to be kept on school file)* | **Destination** |  |

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

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| **PRINCIPAL – APPROVED / NOT APPROVED**  (please circle)  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_ |

***Please retain with all relevant supporting documents at school in student file for audit purposes***

**Print Principal Name**: