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

SECTION 1 Details

Name of Student (in full)

School/Provider

Parent/Guardian Address

Parent/Guardian Phone

Student’s Date of Birth

Age

Gender

Male/Female

Year Level

Name of Parent/Guardian

MR / MS

Signature

SECTION 2 Reason (please tick below)

PTO – to provide further details for Internal Use Only

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/week for 15 year
old and 25hr per/week 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

Apprenticeship

Copy of Contract of training or a letter of offer from the
employer required to be attached

Traineeship

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)

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 - APPROVED / NOT APPROVED

(please circle)

Signature ____________________________    Date____/____/____

OR

PRINCIPAL – RECOMMENDED / NOT RECOMMENDED

(please circle)

Signature ____________________________    Date____/____/____

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

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.

If Central Delegate approval is required send to:

Central Delegate

Exemptions Processing

Office for Schools

Level 6 Education Building

31 Flinders Street

ADELAIDE SA 5000

CENTRAL DELEGATE

DECD

SIGNATURE: ____________________________    DATE:____/____/____
Family Travel / Holiday

Please provide reason for exemption from School:

How you will cater for your child’s learning?