# Application for Exemption from Enrolment at School

for the purpose of completion of education by completion of a full time apprenticeship or traineeship commencing in Year 10

## Part A

*(To be completed by parent/caregiver)*

### School Details

<table>
<thead>
<tr>
<th>Name/Suburb:</th>
<th>Tel. No:</th>
</tr>
</thead>
</table>

### Student Details

<table>
<thead>
<tr>
<th>Family name:</th>
<th>Given name(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Postcode:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Age:</th>
<th>Student No:</th>
</tr>
</thead>
</table>

### Application for Exemption

<table>
<thead>
<tr>
<th>Dates exemption applied for</th>
<th>From:</th>
<th>To:</th>
<th>No. of school days:</th>
</tr>
</thead>
</table>

### Parent/Caregiver Details

<table>
<thead>
<tr>
<th>Family name:</th>
<th>Given name(s):</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Address:</th>
<th>Postcode:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Contact Tel:</th>
<th>Relationship to child:</th>
</tr>
</thead>
</table>
Declaration and Signature

As the parent/caregiver of the above mentioned student, I hereby apply for a Certificate of Exemption from Enrolment at School, under the NSW Education Act 1990.

I understand that, if the exemption is granted:

- I am responsible for the supervision of the student during the period of exemption
- if the arrangement with the employer ceases, the above named student must satisfy compulsory schooling requirements (i.e., complete Year 10 at school or at TAFE)
- the exemption is limited to the period indicated
- the exemption is subject to the conditions listed on the Certificate of Exemption.

I declare that 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.

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Signature Date

Privacy Statement

The information provided will be used to process the student’s Application for an Exemption from the requirement to enrol at and/or 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 other purpose required by law.

Notes:

- The information will be stored securely.
- You may access or correct any personal information by contacting the school.
- If you have any concerns or complaints about the way your personal information has been collected, used or disclosed, please contact the school.

PART B Employer Agreement

I, the employer of the applicant,

- agree to notify the principal in writing if the apprenticeship or traineeship is abandoned or cancelled before the student’s 17th birthday.

Employer

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Please Print)</td>
<td>Signature</td>
</tr>
<tr>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>
The document provides a form for completing a NSW Apprenticeship/Traineeship Training Plan Proposal. It includes sections for personal details, training details, employer details, and a section for an acceptance of agreement. The form is editable and can be accessed from the State Training Services website, www.training.nsw.gov.au, under Training providers > apprenticeships & traineeships > proforma training plans.
Part D
To be completed by the school Principal

Principal’s Details
Name:
Contact Tel:  Email:

Principal’s Decision
Following consideration of this application, I am satisfied that conditions exist □ do not exist □ making it necessary and/or desirable for:

___________________________________________________________ to be exempt from attendance at school.

Name of student
Exemption from enrolment is herewith □ Granted □ Not granted □
For the period from _______ to _______ no. of school days:

Comments

Principal’s Signature ____________________________ Date __________

Date applicant notified: ____________________________

Please complete the Certificate of Exemption from Enrolment at School (Form B9) if the exemption is granted.