Notice of intention to undertake full-time employment and/or training
for students under the age of 17 who have completed Year 10 of
Secondary Education

If your child wishes to leave school after completing Year 10, please complete
the relevant sections of the attached form.

- A student who completes Year 10 of secondary education and is still under the age of 17 years, must
  continue to attend school or be engaged in TAFE or a registered training organisation, seeking full-time
  paid employment or a combination of study, training and paid employment, such as an Apprenticeship or
  Traineeship on a full-time basis unless he/she engages in full-time paid work or participates on a full-time
  basis in a combination of paid work and approved education or training *.

- Full-Time is regarded as an average of not less than 25 hours per week.

- If, while your child is still under the age of 17 years, the full-time employment or combination of
  employment and study ceases or falls below an average of 25 hours per week, he/she does not have to
  return to school/ TAFE as long as the interruption does not exceed 3 months in any 12 month period.

- If the principal becomes aware that the student is still under the age of 17 and is no longer in full-time
  paid work or in a full-time combination of work and study for a period longer than 3 months in a 12 month
  period, then the principal is obliged to inform the Catholic Education Office for referral of the matter to the
  Department of Education and Communities.

* Participation in approved education or training is participation in any of the following:
  a) higher education course within the meaning of the Higher Education Act 2001,
  b) VET accredited course within the meaning of the National Vocational Education and Training
     Regulator Act 2011 of the Commonwealth,
  c) an apprenticeship or traineeship within the meaning of the Apprenticeship and Traineeship Act 2001,
  d) any other education or training approved by the Minister.

Please return the completed form to the school office for the following to be completed:

**School use only**

**Principal’s Consideration**

Following consideration of this application, I am satisfied that conditions exist [ ] do not exist [ ] which meet
the above requirements of the Education Act

(Name of student) ..........................................................................................................

(Name of school) ................................................................................................. College.

**Comments**

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Date ‘Student Destination’ details entered into the Enrolment Register (SAS2000) …/…/……

........................................................................................................................................

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Signature of principal........................................................................................................ Date
Information to be completed by the parent / caregiver

(Student’s name) ........................................................................................................................................ Date of Birth ........................................

Date of completion of Year 10 ........................................ is under the age of seventeen and wishes to leave school following the completion of Year 10 of secondary education.

Reason for leaving this school: (Please tick one box only and complete the relevant section)

☐ 1. Enrolling full-time in a TAFE or other Registered Training Organisation (RTO)

Name and address of the TAFE / RTO your child will be attending...........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Qualification being undertaken .......................................................................................................................... Postcode

Contact at the TAFE/RTO (name) ...................................................................................................................... Phone

Is your child’s enrolment in the TAFE / RTO confirmed? Yes ☐ No ☐

Date of Commencement at the TAFE / RTO .................................................................................................

Note: Please be aware that we are required to confirm your child’s enrolment with the TAFE / RTO

☐ 2. Undertaking a full-time combination of approved education or training and paid work (Apprenticeship/Traineeship)

Note: Both a completed and signed ☐ Training Plan and an ☐ Apprenticeship Contract are to be attached to this application

☐ 3. Participating in full-time paid work

Employer Details

Legal Name .......................................................................................................................................................... ABN

Trading Name ................................................................................................................................................ Postcode

Address .............................................................................................................................................................. Contact name .................................................................................................................. Tel No Mobile

E-mail address ..................................................................................................................................................

Workplace address (if different) ....................................................................................................................... Postcode

Is the employment full-time (an average of at least 25 hours per week)? Yes ☐ No ☐

Is this paid work? Yes ☐ No ☐

Briefly describe the nature of the employment:

________________________________________________________________________________________________________________________________________________________

Signature of employer ........................................................................................................................................ Date

_____________________________________________________

I (name of parent/caregiver) ........................................................................................................................................

agree that, should my child, whilst still under the age of 17, cease to be engaged in full-time paid work for an average of at least 25 hours per week, or cease to participate in a combination of approved education or training and paid work, I will notify the school in writing within one week of the change of circumstances.

Signature of parent / caregiver Date

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Student Attendance Guidelines