





- x The exemption is limited to the period indicated.
- x It is the responsibility to catch up on any work he may miss during this exemption period.
- x The exemption is subject to the conditions listed on the Certificate of Exemption.
- x The exemption may be cancelled at any time.

I declare 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.

Name of parent/carer (please print): \_\_\_\_\_

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

Once you have completed and signed this application, please return this form to  
[leaverequests@spc.nsw.edu.au](mailto:leaverequests@spc.nsw.edu.au)

To be completed by the College Principal where the exemption period requested exceeds 100 school days and forwarded to the delegate responsible for approval.

Prior to forwarding this Application for Exemption from Attendance at School to the delegate responsible for issuing the Certificate of Exemption, the principal should complete the following advice for the delegate.

I recommend that this Application for Exemption from Attendance at School is (Please tick one box ; ):

Granted

Not granted

Please provide more detail here (if required):