



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

The student must attend school regularly until exemption is approved.  
Information provided is protected by the Government of South Australia Information Privacy Principles.  
For information regarding the exemption processes see – [www.sa.gov.au](http://www.sa.gov.au)

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

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

|                 |          |  |  |  |  |
|-----------------|----------|--|--|--|--|
| School/Provider | Site No: |  |  |  |  |
|-----------------|----------|--|--|--|--|

|                  |  |
|------------------|--|
| Principal's Name |  |
|------------------|--|

|                         |  |
|-------------------------|--|
| Parent/Guardian Address |  |
|-------------------------|--|

|                       |          |  |
|-----------------------|----------|--|
| Parent/Guardian Phone | Postcode |  |
|-----------------------|----------|--|

|                         |  |  |  |     |  |        |  |            |  |
|-------------------------|--|--|--|-----|--|--------|--|------------|--|
| Student's Date of Birth |  |  |  | Age |  | Gender |  | Year Level |  |
|-------------------------|--|--|--|-----|--|--------|--|------------|--|

|     |                          |      |                          |     |                          |
|-----|--------------------------|------|--------------------------|-----|--------------------------|
| GOM | <input type="checkbox"/> | ATSI | <input type="checkbox"/> | SWD | <input type="checkbox"/> |
|-----|--------------------------|------|--------------------------|-----|--------------------------|

|                         |           |  |
|-------------------------|-----------|--|
| Name of Parent/Guardian | Signature |  |
|-------------------------|-----------|--|

**Principal Approved**

|   |            |  |  |  |          |  |  |  |
|---|------------|--|--|--|----------|--|--|--|
| <input type="checkbox"/> Family / Travel / Holiday<br>(up to 12 months) | Start Date |  |  |  | End Date |  |  |  |
|---|------------|--|--|--|----------|--|--|--|

|   |          |  |
|---|----------|--|
| <input type="checkbox"/> Other / Conditional<br>(up to 1 month) | Details: |  |
|---|----------|--|

|            |  |  |  |          |  |  |  |
|------------|--|--|--|----------|--|--|--|
| Start Date |  |  |  | End Date |  |  |  |
|------------|--|--|--|----------|--|--|--|

|   |          |  |
|---|----------|--|
| <input type="checkbox"/> Ongoing Medical<br>(up to 1 month) | Details: |  |
|---|----------|--|

|            |  |  |  |          |  |  |  |
|------------|--|--|--|----------|--|--|--|
| Start Date |  |  |  | End Date |  |  |  |
|------------|--|--|--|----------|--|--|--|

Print Principal Name: \_\_\_\_\_

**Please retain at school in student file for audit purposes**

|  |
|--|
| <b>PRINCIPAL - APPROVED / NOT APPROVED</b> (please<br>circle)<br><br>Signature _____ Date ____/____/____ |
|--|