

Application for exemption (Please type or print clearly)

Part A - To be completed by the parent and young person

1. Name of student in full							
2. Date of birth							
4. Name of school							
5. Year level		<input type="checkbox"/> Compulsory schooling			<input type="checkbox"/> Compulsory participation		
6. Name of parents/carers							
7. Address							
8. Home phone				9. Mobile phone			
10. Period for which exemption is sought (insert dates)		From		To		<input type="checkbox"/> Up to 1 school year	<input type="checkbox"/> More than 1 year
11. Reasons for seeking exemption (please provide full details and attach documentary evidence to support this application e.g. statement from medical practitioner)							
_____ Signature of parent				_____ Date			
_____ Signature of young person (if it is inappropriate for the parent to sign the consent)				_____ Date			



Application for Exemption *(Please type or print clearly)*

Part B - To be completed by the principal

Student's academic history:	(Please detail academic progress and ability; attach recent report card if relevant)
Support offered by school:	(Please detail support offered through re-engagement activities, alterations to student's educational program considered, alternative education options, referrals to support programs, etc)
Queensland Studies Authority (QSA) Account: Where school or region is required to open student account with QSA prior to exemption being granted	<input type="checkbox"/> QSA Account Number has been opened <input type="checkbox"/> QSA Account will be opened for this student in the year prior to entering compulsory participation phase
Attachment/s – documentary evidence to support the above (please list):	

Additional comments supporting the application (where applicable):
 Please outline why it is in the student's best interest to receive this exemption. (Further statements of support from **Guidance Officers** or other specialist personnel should be attached to this form on submission.)

Reasons that conditions be imposed on the exemption or that the exemption be granted for a lesser period than requested.

Principal's name	
Address of school	
Telephone number	Fax number

Please tick whichever is appropriate:

I **grant an exemption** for this student.

I **do not grant an exemption** for this student.

I **grant the exemption with the following conditions:**

-
-

I **grant the exemption with the following changes to what has been requested:**

-
-

I **recommend an exemption** for this student.

I **do not recommend an exemption** for this student.

I **recommend the exemption with the following conditions:**

-
-

I **recommend the exemption with the following changes to what has been requested:**

-
-

Principal _____ Date _____

For exemptions of more than one school year, applicant should forward this form by post or fax to:

Regional Director of the relevant Department of Education, Training and Employment region.
 In the case of any exemption, the forms can also be provided to the Director-General for a decision.