

**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.decd.sa.gov.au/educationage

COMPULSORY INFORMATION – all fields must be completed

Name of Student (in full)		EDID	
School/Provider	WILLUNGA HIGH SCHOOL		Site No: 0909
Principal's Name	ANTHONY VAN RUITEN		
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	

Detailed information is required to support the application. Copies of **all** documentation pre criteria selected **must** be attached

<input type="checkbox"/>	Disability	<input type="checkbox"/>	Updated IEP, NEP including a timeline demonstrating how time at the school will increase
	Review Date		
<input type="checkbox"/>	Behaviour	<input type="checkbox"/>	Updated IEP, NEP including a timeline demonstrating how time at the school will increase
	Review Date		
<input type="checkbox"/>	Health / Medical	<input type="checkbox"/>	Updated IEP, NEP including a timeline demonstrating how time at the school will increase
	Review Date	<input type="checkbox"/>	Evidence of previous strategies and additional resourcing that has been implemented

ALL SUPPORTING DOCUMENTATION MUST BE ATTACHED

Name of Student (in full)

EDID

☐**Conditional / Other**
(more than 1 month)

Details:

Start Date

End Date

☐**Ongoing Medical**
(more than 1 month)

Details: Letter from Practitioner must be attached

Start Date

End Date

ALL SUPPORTING DOCUMENTATION MUST BE ATTACHED**ALL DETAILS MUST BE COMPLETE****Supplementary School Program**Week
Start Time

Monday

Tuesday

Wednesday

Thursday

Friday

Finish Time

Conditions:

Start Date

End Date

ALL THREE RELEVANT SIGNATURES MUST BE OBTAINED BEFORE FORWARDING TO CENTRAL DELEGATE**PRINCIPAL – RECOMMENDED** Anthony Van Ruiten

Signature

Date

PARENT / GUARDIAN

Signature

Date

DECD – TEAM LEADER - APPROVED

Signature

Date

DECD - CENTRAL DELEGATE - APPROVED / NOT APPROVED
(please circle)

Signature

Date