

ED 175

Updated: Oct 2014

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

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

School/Provider Principal's Name Parent/Guardian Address Parent/Guardian Phone Student's Date of Birth Age Gender Year Level GOM ATSI SWD Name of Parent/Guardian Signature Principal Approved Family / Travel / Holiday (up to 12 months) End Date	COIVII OLSONI IIVI ONIVIATION UITJI	elus must be completeu - Flet	ase retuin at school	or in student file		
Principal's Name Parent/Guardian Address Parent/Guardian Phone Student's Date of Birth GOM ATSI SWD Name of Parent/Guardian Principal Approved Family / Travel / Holiday (up to 12 months) End Date End Date	Name of Student (in full)			EDID		
Parent/Guardian Address Parent/Guardian Phone Student's Date of Birth GOM ATSI SWD Name of Parent/Guardian Principal Approved Family / Travel / Holiday (up to 12 months) Family / Travel / Holiday (up to 12 months)	School/Provider			Site No:		
Parent/Guardian Phone Student's Date of Birth GOM ATSI SWD Name of Parent/Guardian Principal Approved Family / Travel / Holiday (up to 12 months) End Date Postcode Year Level SWD Family / Travel / Holiday (up to 12 months)	Principal's Name					
Student's Date of Birth GOM ATSI SWD Name of Parent/Guardian Principal Approved Family / Travel / Holiday (up to 12 months) End Date End Date	Parent/Guardian Address					
GOM	Parent/Guardian Phone			Post	code	
Principal Approved Family / Travel / Holiday (up to 12 months) Signature End Date	Student's Date of Birth	Age		Gender		Year Level
Principal Approved Family / Travel / Holiday (up to 12 months) End Date		GOM	ATSI		SWD	
Family / Travel / Holiday (up to 12 months) End Date	Name of Parent/Guardian			Signature		
Other / Conditional (up to 1 month) Details:	Family / Travel / Holiday (up to 12 months) Other / Conditional	Start Date Details:		End Date		
Start Date Details: Ongoing Medical (up to 1 month) Start Date End Date		Details:				
PRINCIPAL - APPROVED / NOT APPROVED (please circle) Print Principal Name: Please retain at school in student file for audit purposes Signature Date /			circle)	- APPROVED / N		