



**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 circle) |                     |
| Signature _____  | Date ____/____/____ |