

Updated: June 2022

audit purposes. For internal use only.

PRINCIPAL APPROVED APPLICATION FOR EXEMPTION FROM SCHOOL ENROLMENT/ATTENDANCE AND EDUCATION ENROLMENT/PARTICIPATION

Medical (up to one month) Family / Travel / Holiday (up to 12 months) Other / Conditional / Ongoing

For all students 17 years and under

FORM C

ED 175

This form to remain at School. For Internal Use only.

The student must attend school regularly until exemption is approved.

COMPULSORY INFOR	RMATION – all fields mu	ust be complete	ed - Please retain at	school in studei	nt file	
Name of Student (in full)						
School/Provider						
Principal's Name						
Parent/Guardian Address						
Parent/Guardian Phone					Postcode	
Student's Date of Birth		Ag	je	Gender	Year I	_evel
	Children and Young Peo in Care	ople	Aboriginal/Torres Strait Islander	Stu	udent With Disability	
Name of Parent/Guardian	Signature					
Family / Trave (up to 12 month) Other / Condit (up to one month) e.g. COVID restrictions Ongoing Medic (up to one month)	ional Details Start Details Details	Date		End Da	te	
	e:school in studen				NOT APPROVED	