



Updated: June 2022

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

Name of Student (in full) _____

School **Whitefriars Catholic School**

Principal's Name **Frank Congedi**

Parent/Guardian Address _____

Parent/Guardian Phone _____ Postcode _____

Student's Date of Birth [][][] Age [] Gender [] Year Level []

Children and Young People in Care Aboriginal/Torres Strait Islander Student With Disability

Name of Parent/Guardian _____ Signature _____

Principal Approved

Family / Travel / Holiday (up to 12 months) Start Date [][][] End Date [][][]

Other / Conditional (up to one month) e.g. COVID restrictions
Details: _____
Start Date [][][] End Date [][][]

Ongoing Medical (up to one month)
Details: _____
Start Date [][][] End Date [][][]

Print Principal Name: _____

PRINCIPAL - APPROVED / NOT APPROVED (please circle)
Signature _____ Date ____/____/____

Please retain at school in student file for audit purposes. For internal use only.