



**Tyndale**  
CHRISTIAN SCHOOL  
The Association for Christian Education of Blacktown Ltd ABN 51 000 391 186

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## Application for Exemption from Attendance at School

**PLEASE COMPLETE ONE FORM PER STUDENT. FORM MUST BE SUBMITTED A MINIMUM OF TWO WEEKS PRIOR TO EXEMPTION DATE**

### PART A - STUDENT DETAILS

To be completed by the Parent / Carer of the student

Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (dd) / \_\_\_\_\_ (mm) / \_\_\_\_\_ (year)

Student Registration Number (SRN): \_\_\_\_\_

Student's Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

School Name: \_\_\_\_\_

Dates of exemption applied for: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of school days: \_\_\_\_\_

Hours of exemption (if partial exemption, e.g. 9:00am – 11:30am): \_\_\_\_\_

### REASON FOR APPLICATION FOR EXEMPTION (Please tick one )

- Exceptional circumstance (including the health of the student where sick leave or alternative enrolment is not appropriate)
- Employment in industry (including entertainment) – refer to [children's employment](#)
- Participation in elite sporting event including for short periods of time (that is, for one or two days, and at short notice)
- Participation in elite arts program

Please provide more detail about the reason for the application for exemption below:

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**Please attach documentation to support the reason for your application. If sufficient reason or documentation is not provided, the Principal may seek further explanation or documentation.**

**NOTE:** Certificates of Exemption from the compulsory education requirements of the Education Act 1990 may be granted by a delegated officer when it has been clearly demonstrated by the applicant that an exemption is in the student's best educational interests in the short and long term and that alternatives to exemption have been considered.

# Application for Exemption from Attendance at School

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## DETAILS OF PRIOR / CURRENT EXEMPTIONS (if applicable)

Date of prior / current exemption from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of school days: \_\_\_\_\_

Copy of Certificate of Exemption attached (Please tick )  Yes  No

## PART B - PARENT / CARER DETAILS

Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

*As the Parent / Carer of the above mentioned student, I hereby apply for a Certificate of Exemption under the Education Act 1990. I understand that if the exemption is granted:*

- *I am responsible for his/her supervision during the period of exemption*
- *the exemption is limited to the period indicated*
- *the exemption is subject to the conditions listed on the Certificate of Exemption*
- *the exemption may be cancelled at any time.*

*I declare the information provided in this application for a Certificate of Exemption is to the best of my knowledge and belief accurate and complete. I recognise that should statements in this application later prove to be false or misleading any decision made as a result of this application may be reversed. I further recognise that a failure to comply with any condition set out in the exemption may result in the exemption being revoked.*

Signature of Applicant/s: \_\_\_\_\_ Date: \_\_\_\_\_

## PRIVACY STATEMENT

***Tyndale Christian School is subject to the Privacy and Personal Information Protection Act 1998. The information that you provide will be used to process your child's application for an exemption from the requirement to attend school. It will only be used or disclosed for the following purposes:***

- ***general student administration relating to the education and welfare of the student;***
- ***communication with students and parents;***
- ***to ensure the health, safety and welfare of students, staff and visitors to the School;***
- ***State and National reporting purposes; and***
- ***for any other purpose required by law.***

***The information will be stored securely. You may access or correct any personal information by contacting the School. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the School.***

## PART C - PARTICIPATION IN ACCREDITED ELITE ARTS, ELITE SPORTS OR INDUSTRY TRAINING/EMPLOYMENT

To be completed by the Applicant (continued on page 3)

Name of accredited elite arts, elite sport program or industry training program, entertainment industry performance:

\_\_\_\_\_

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REASON FOR APPLICATION FOR EXEMPTION (Please tick )

- Training for elite sport
- Elite arts program
- Elite sport event or tour
- Entertainment industry
- Industry Training Program

Please provide more detail about the reason for the application for exemption here:

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**Note:** A schedule of participation, training or tour itinerary from the organiser, arts or sporting body (e.g. Australian Institute of Sport) must be attached with contact names and numbers.

## PART D - EMPLOYER'S DETAILS (in the case of employment in the entertainment industry)

To be completed by the Employer

Name of Company / Corporation: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Please attach and tick )

- 1. Detailed itinerary / work schedule for the period of exemption sought:  Yes  No
- 2. Evidence of tutor's teaching qualifications (supplied by employer):  Yes  No

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_