



Secondary - Application for Exemption from Attendance at School

Student Details

First Name:	Surname:
DOB: ____ / ____ / ____	
Address:	Post Code:

Date of Exemption: ____ / ____ / ____ to: ____ / ____ / ____	Number of School Days: _____
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Reason for Exemption

Please tick:

Exceptional Domestic Circumstances	<input type="checkbox"/>
Other Exceptional Circumstance	<input type="checkbox"/>
Direction under Section 42D of the <i>Public Health Act 1991</i>	<input type="checkbox"/>
Employment in entertainment industry/Participation in elite sporting event i.e. for one or two days, and at short notice	<input type="checkbox"/>

Please provide further information regarding the reason for the exemption

NOTE: Where the reason for the Application for Exemption from Attendance at School includes long term travel arrangements of more than 14 school days, copies of travel documentation must be included in the application.



PARENT DETAILS

First Name:	Surname:
DOB: ____ / ____ / _____	Contact Phone Number:
Address:	Post Code:
Relationship to Student: Mother Father Guardian	

As the parent/guardian of the above mentioned student, I hereby apply for an Approval of Exemption from my child's attendance at school, 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
- the exemption may be cancelled at any time.

I declare the information provided in this application for approval of exemption is to the best of my knowledge, 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.

Parent/Guardian Signature:
Date: ____ / ____ / _____



To be Completed by the Head of College

I recommend that this Application for Exemption from Attendance at School is;

- Granted
- Not granted

Please provide further detail on the Conditions of the approval of this application (if applicable):

Head of College Name: Mr Anthony Deans	
Head of College Signature:	Date: ___ / ___ / _____

Note: Where the exemption period requested exceeds more than 100 school days a Certificate of Exemption must be completed.



Secondary Student Intended Approved Leave Request Assessment Variation

Section 1: To be completed by the Student (Y7-12 only).

First Name:	Surname:
Year: 7 8 9 10 11 12	

Date of Exemption: ___/___/___ to: ___/___/___	Number of School Days: _____
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Section 2: Students are required to have this form completed by each Head of Faculty (HoF).

Faculty	Class	Assessment Due (Y N)	Assessment Original Due Date	Assessment Amended Due Date	HoF Signature
COS		Y N			
English		Y N			
Maths		Y N			
Adv Math		Y N			
Science		Y N			
HSIE		Y N			
PDHPE		Y N			
Music		Y N			
TAS		Y N			
Visual Arts		Y N			

1. It is the students responsibility to ensure that all assessments impacted by leave are negotiated and rescheduled in consultation with the HoF.
2. It is the students responsibility to obtain permission from their Year Coordinator and the Head of Academic Quality (HoAQ) before submitting the Application for Exemption from Attendance at School.
3. It is the students responsibility to ensure that their completed Application for Exemption from Attendance at School (4 pages) is submitted to St Mark's Coptic Orthodox College Reception a minimum of 2 weeks prior to the requested exemption dates.
4. Failure to adhere to this process may result in a mark of zero for each assessment impacted.

Approved by

Year Coordinator Name:	HoAQ Name:
Year Coordinator Signature:	HoAQ Signature:



SAINT MARK'S COPTIC ORTHODOX COLLEGE

Date: ____ / ____ / ____

Date: ____ / ____ / ____