



**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 |     | ATSI |        | SWD |  |            |           |  |          |  |  |  |  |
| 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**

**PRINCIPAL - APPROVED / NOT APPROVED** (please circle)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_