

**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

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/Provider	St Therese School										
Principal's Name	Dee-anne Peters										
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: Dee-anne Peters

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

PRINCIPAL - APPROVED / NOT APPROVED (please circle)

Signature _____ Date ____/____/____