



Department of Education

## EXEMPTION FORM

Lodge with:  
EDUCATION REGIONAL OFFICE or STUDENT'S SCHOOL

<b>OFFICE USE ONLY</b>	DATE RECEIVED: ___/___/___	SCSA Number:
	_____	

### SECTION 1: TO BE COMPLETED BY PARENT

#### STUDENT DETAILS (Please print using block letters)

LEGAL SURNAME:		
FIRST GIVEN NAME:		
SECOND GIVEN NAME:	THIRD GIVEN NAME:	
HOME ADDRESS:		
		POST CODE:
DATE OF BIRTH: ___/___/_____	PLEASE CIRCLE:    M            F	
TELEPHONE:	MOBILE:	EMAIL:

#### PARENT DETAILS (Please print using block letters)

TITLE: MR MISS MRS <small>PLEASE CIRCLE</small>	SURNAME Parent 1	
	SURNAME Parent 2	
FIRST NAME Parent 1: Parent 2:		
HOME ADDRESS (if different to young person's home address):		
		POST CODE:
MAILING ADDRESS (if different to above):		
		POST CODE:
TELEPHONE:	MOBILE:	EMAIL:

## SECTION 2: PARENT REQUEST AND CONSENT

### PARENT REQUEST (Please print using block letters)

I am giving notice and/or seeking permission for my son/daughter to engage in one of the following:  
[please tick one]

	Go to section:
full-time employment	3
full-time training at a public RTO, private RTO or community based course	4
full-time apprenticeship/traineeship	3
combination of part-time employment and part-time school	3
combination of part-time employment and training at a public RTO, private RTO or community based course	3 & 4
combination of part-time community based course and part-time school	4

REASON FOR SEEKING AN ALTERNATIVE ARRANGEMENT(S) TO FULL TIME SCHOOL:

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Will your child be turning 16 this year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>If you answered 'yes' to the previous question, is it likely that your son/daughter will continue this option next year (typically Year 11 if at school)?</p> <p>If you anticipate this option continuing next year, then this form <i>may</i> replace the need for a Notice of Arrangements form to be completed for next year (NB: this will be subject to approval as per requirements of the leaving age legislation).</p> <p><i>A Notice of Arrangements form is used by a parent to notify or seek approval from the Minister (delegate) for the young person to participate in an alternative option, other than full-time schooling that would typically be their Year 11 or Year 12 of compulsory school.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

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- I understand and agree for my son/daughter to undertake an alternative activity to full time school as indicated on this form.
- Should the approved activity described on this form change or cease, I agree to re-enrol or re-engage my son/daughter in school or another approved activity.
- I agree to inform the relevant educational authority if circumstances change in relation to this approved option.
- I agree to the Department of Education notifying the training provider or employer (written on this form) regarding the outcome of this application.

\*PARENT NAME:

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\*PARENT SIGNATURE:

/ \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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\*Parent referred to in this document must be deemed at law to have the long-term and day to day care, welfare and development of the child. If in the opinion of the Minister (or delegate), there is no person to whom 'parent' can be identified, then it is an adult person who is responsible for the child or the child if deemed an independent minor.

**SECTION 3: TO BE COMPLETED BY EMPLOYER**

(Please print using block letters)

NAME OF BUSINESS:		
ADDRESS OF WORKPLACE WHERE EMPLOYMENT WILL OCCUR:		
_____		
POST CODE:		
_____		
TYPE OF EMPLOYMENT: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> APPRENTICESHIP <input type="checkbox"/> CASUAL EMPLOYMENT <input type="checkbox"/> OTHER		
NUMBER OF DAYS PER WEEK:		
_____		
NUMBER OF HOURS PER WEEK: <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT		
COMMENCEMENT DATE:    ___/___/_____	END DATE:    ___/___/_____	
CONTACT PERSON:	ABN:	
TELEPHONE:	FAX:	EMAIL:
JOB DESCRIPTION:		
_____		
_____ confirms that		
_____	_____	
(full name of employer)	(full name of student)	
_____ as outlined above.		
_____		
(employment description)		
EMPLOYER'S SIGNATURE:	DATE:	
_____ / _____	_____ / _____	

**SECTION 4: TRAINING PROVIDER (If relevant)**

Please print using block letters

NAME OF PROPOSED COURSE/PROGRAM:

COURSE CODE:

NAME OF EDUCATION/TRAINING INSTITUTE:

ADDRESS:

POST CODE:

NUMBER OF DAYS PER WEEK:

NUMBER OF HOURS PER WEEK:

 MON  TUES  WED  THURS  FRI  SAT I, \_\_\_\_\_, confirm that \_\_\_\_\_ has a *provisional*

(full name of training provider)

(full name of student)

approved by:

(name of program)

NAME OF RTO REPRESENTATIVE:

POSITION TITLE OF RTO REPRESENTATIVE:

CONTACT NUMBER OF RTO REPRESENTATIVE:

SIGNATURE OF RTO REPRESENTATIVE:

DATE: \_\_\_/\_\_\_/\_\_\_

**SECTION 5: FOR SCHOOL USE ONLY**

STUDENT'S NAME:

SCHOOL NAME:

SCHOOL ADDRESS:

SCHOOL TELEPHONE NUMBER:

SCHOOL FAX NUMBER:

YEAR LEVEL CHILD ENROLLED IN:

NUMBER OF YEARS AT THIS SCHOOL:

COMMENTS ABOUT STUDENT:

RECOMMENDATION:

NAME OF PRINCIPAL:	SIGNATURE OF PRINCIPAL:
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**SECTION 6: EDUCATION REGIONAL OFFICE OR INDEPENDENT PUBLIC SCHOOL APPROVAL**

If the school is recommending that an Exemption from school be granted by the Regional Executive Director (RED) or the Principal an IPS school, this section should be prepared on behalf of and signed by the RED or IPS principal.

APPROPRIATE REGIONAL EDUCATION OFFICER (REO) OR IPS OFFICER NAME:		
OFFICER'S POSITION:		
OFFICER'S TELEPHONE NUMBER:		
COMMENTS REGARDING CHILD'S SUITABILITY TO ENGAGE IN THIS ALTERNATIVE ARRANGEMENT:		
COMMENTS REGARDING PARENT'S VIEW ABOUT CHILD'S SUITABILITY TO ENGAGE IN THIS ALTERNATIVE ARRANGEMENT:		
CONDITIONS TO BE IMPOSED:		
RECOMMENDATION:		
RED OR IPS PRINCIPAL'S NAME:		
NAME OF REO OR IPS SCHOOL OFFICER TO AUTHORISE EXEMPTION:		
EXEMPTION APPLICATION OUTCOME:	<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> APPROVED
COMMENTS BY RED OR IPS PRINCIPAL (including any condition/s set):		
SIGNATURE OF RED OR IPS PRINCIPAL:		DATE: ____/____/____
<b>REVIEW DATE 1</b>	<input type="checkbox"/> CONTINUE <input type="checkbox"/> CANCEL	DATE: ____/____/____
REVIEW COMMENTS:		
<b>REVIEW DATE 2</b>	<input type="checkbox"/> CONTINUE <input type="checkbox"/> CANCEL	DATE: ____/____/____
REVIEW COMMENTS:		
<b>REVIEW DATE 3</b>	<input type="checkbox"/> CONTINUE <input type="checkbox"/> CANCEL	DATE: ____/____/____
REVIEW COMMENTS:		
<b>REVIEW DATE 4</b>	<input type="checkbox"/> CONTINUE <input type="checkbox"/> CANCEL	DATE: ____/____/____
REVIEW COMMENTS:		

**CENTRAL RECORD OF APPROVED EXEMPTIONS: A copy of completed approved exemption must be sent to Participation Unit by email (participation.CO@education.wa.edu.au) or mailed to Participation Unit, Department of Education, 151 Royal Street East Perth 6004.**