

Immanuel Lutheran College

Application for Exemption

Parents Complete Part A only - return form via the
Submit Form Button

Part A – to be completed by applicant

Student Details		
Student Name		
Student DOB	Year Level	
Parent/Carer 1 Details		
Name		
Address		
Phone Number		
Exemption Details		
What dates is the exemption sought for?	Start:	End:
Total number of school days exemption sought for:		
For what reason is the exemption sought?		
Diagnosis of terminal medical condition	[]	<i>Please attach any supporting evidence or comments separately</i>
Illness or hospitalisation for a prolonged period of time	[]	
'Carer' responsibilities	[]	
Mental health condition	[]	
Extended travel	[]	
Cultural or religious reasons	[]	
Family reasons	[]	
Other (please provide details separately)	[]	
Signatures		
Signature of parent		Date
Signature of student		Date
<i>(If it is inappropriate in all the circumstances for the parent to sign the consent for a student in the compulsory participation phase of education)</i>		
Additional Information		
- Once this form is submitted to Immanuel Lutheran College, the Principal will make a decision and communicate it in writing to the applicant within 10 working days. - If required, additional information may be sought from the applicant and timeframes will be extended accordingly. This will be appropriately communicated to the applicant.		

3. *Leave of Absence Fee Billing – In accordance with the Fee Billing and Collection Policy, Clause 6.5, if the leave of absence is equal to or greater than one term, then parents may request a reduction of their fees not less than 50% of the Tuition Fees for the terms in which their child is absent. The discount is not available for any leave of absence less than one term. For further information, families are encouraged to contact the Business Office on 5477 3435.*

Part B – to be completed by Principal

Previous Exemption Details		
I have previously granted the following exemptions for the applicant for this year :		
1. Start:	End:	Number of school days:
2. Start:	End:	Number of school days:
3. Start:	End:	Number of school days:
Total number of exemptions:		Total number of school days student exempted:
<i>Note, if the period of the exemption that is the subject of this application would, if it were granted, cause the total period of exemptions granted for the student to be more than 110 school days in the current year, the Principal cannot make a decision regarding this application. Instead, an application must be made to the Office of Non-State Education at the Department of Education and Training on their approved form.</i>		
Exemption Decision		
☐ Granted I grant the exemption for this student as requested, to apply as follows: Start: _____ End: _____		
☐ *I grant the exemption for this student for a lesser period than what was requested, being: Start: _____ End: _____		
☐ *I grant the exemption for this student with the following conditions: 		
 <i>For students in the compulsory participation phase:</i> The exemption is: Full [] Partial [] If partial, the exempt FTE is [] <i>The exemption may apply until the end of the compulsory participation phase, or until an earlier time. Please ensure that you have indicated this clearly in the relevant section above.</i>		
☐ Not granted *I do not grant the exemption for this student		
Signature		
Signature of Principal		Date

*Please complete the appropriate correspondence and send to the applicant. For exemptions granted as requested, sending a copy of this form to the applicant is sufficient.