



**PRINCIPAL APPROVED APPLICATION FOR EXEMPTION FROM SCHOOL ENROLMENT/ATTENDANCE AND EDUCATION ENROLMENT/PARTICIPATION**  
**Family / Travel / Holiday (up to 12 months)**  
**Other / Conditional / Ongoing Medical (up to 1 month)**  
**For all students 17 years and under**  
**Documentation to remain at the school**

**FORM C**  
 ED 175  
 Updated: July 2018

The student must attend school regularly until exemption is approved.

**COMPULSORY INFORMATION – all fields must be completed - Please retain at school in student**

<b>Name of Student (in full)</b>						
<b>School/Provider</b>						
<b>Principal's Name</b>						
<b>Parent/Guardian Address</b>						
<b>Parent/Guardian Phone</b>				<b>Postcode</b>		
<b>Student's Date of Birth</b>			<b>Age</b>		<b>Gender</b>	
					<b>Year Level</b>	
	<b>GOM</b>	<input type="checkbox"/>	<b>ATSI</b>	<input type="checkbox"/>	<b>SWD</b>	<input type="checkbox"/>
<b>Name of Parent/Guardian</b>				<b>Signature</b>		

**Principal Approved**

<input type="checkbox"/> <b>Family / Travel / Holiday (up to 12 months)</b>	<b>Start Date</b>				<b>End Date</b>			
<input type="checkbox"/> <b>Other / Conditional (up to 1 month)</b>	<b>Details:</b>							
	<b>Start Date</b>				<b>End Date</b>			
<input type="checkbox"/> <b>Ongoing Medical (up to 1 month)</b>	<b>Details:</b>							
	<b>Start Date</b>				<b>End Date</b>			

Print Principal Name: \_\_\_\_\_

<b>PRINCIPAL - APPROVED / NOT APPROVED</b> (please circle)	
Signature _____	Date ____/____/____

**Please retain at school in student file for audit purposes**