

APPLICATION FOR EXEMPTION FROM SCHOOL ENROLMENT/ATTENDANCE AND EDUCATION ENROLMENT/PARTICIPATION

Overseas Exchange, Elite Sports, RTO/Approved Learning Provider (less than 12 months)

Family Travel (over 12 months)

for all students 17 years and under

Send documentation to:
Director of Catholic Education
PO Box 179 Torrensville Plaza SA 5031

FORM A1 ED 175 Updated: July

2018

COMPULSORY DETAIL	The st	udent must at	tend school re	gularly until ex	xemption is appro	ved.		
Name of Student (in full)								
School								
Principal's Name							<u> </u>	
Parent/Guardian Address				2				
Parent/Guardian Phone					Postcode			
Student's Date of Birth			Age		Gender		Year Level	
	G	OM		ATSI		SWD		
Name of Parent/Guardian		4.		Sig	gnature			
					BO WHOLE VERD CONTROL			
Section 1 - Principal R	Recommen	ded and D	irector of C	atholic Ed	ducation SA A	Approved		
Overseas Exchange (Copy of Confirmation document to be kept at site	Destina e)	tion			7			-
		Start Date			End Da	te		
Family Travel – Holiday (More than 12 months)	Destina	tion						
		Start Date			End Da	te		
Elite Sports (Copy of Confirmation document to be kept at site	Destina (tion			,			
		Start Date			End Da	te .		
REGISTERED TRAINING	ODGANISATIO	N (PTO) / APP	OVED LEADAUA	IC DDOVIDED			er pulity and a second	
Name:	ORGANISATIO	(KIO) / APP	TOVED LEAKINI	IG PROVIDER				
Enrolment form	attached / Lett	er from RTO /	Approved Learn	ning Provider				
		Start Date			End Da	te		
PRINCIPAL - RECOMMEND	DED				THOLIC EDUCA NOT APPROVED			

Date

Signature

Signature