

Hunter Trade College

ABN: 49 119 150 159

RTO: 91287



Application for Exemption from Attendance at College

STUDENT DETAILS

Family Name: _____ Given Name: _____

Age: _____ Date of Birth: _____(dd)/ _____ (mm) / _____ (year)

Enrolment Registration Number (ERN): _____

Students Address: _____

_____ Postcode: _____

Dates of exemption applied for: ____/ ____/ ____ to ____/ ____/ ____

Number of College Days: _____

REASON FOR APPLICATION FOR EXEMPTION (Please tick)

Exceptional domestic circumstances

Other exceptional circumstance:

Direction under section 42D of the *Public Health ACT 1991*

Employment in entertainment industry / participation in elite sporting event
for short periods of time i.e. for one or two days, and at short notice

Please provide more detail about the reason for the application for exemption here:

NOTE: Where the reason for application for exemption includes long term travel arrangements, of more than 20 College days, copies of travel documentation should be included with the application.

For more information telephone the College on (02) 49 322 400.

S K I L L S ◆ K N O W L E D G E ◆ E T H I C S

60 Junction Street
TELARAH NSW 2320

Ph: 02 4932 2400
Fax: 02 4932 4344
Email: admin@htc.nsw.edu.au

DETAILS OF PRIOR/CURRENT EXEMPTIONS (if applicable)

Date of prior /current exemption from: ____/ ____/ ____ to ____/ ____/ ____

Number of College Days: _____

Copy of Certificate of Exemption attached (Please tick one box Yes No

PARENTS DETAILS

Family Name: _____ Given Name: _____

Address: _____

_____ Postcode: _____

Telephone number: _____ Relationship to student: _____

As a parent of the above mentioned student, I hereby apply for a certificate of Exemption from attendance at College, under the Education ACT 1990.

I understand that if the exemption is granted:

- I am responsible for his/her supervision during the period of exemption.
- the exemption is limited to the period indicated.
- the exemption is subject to the conditions listed on the Certificate of Exemption.
- the exemption may be cancelled at any time.

I declare the information provided in this application for a certificate of exemption is to the best of my knowledge and belief accurate and complete. I recognize that should statements in this application later prove to be false or misleading any decision made as a result of this application may be reversed. I further recognize that a failure to comply with any condition set out in the exemption may result in the exemption being revoked.

Signature of Applicant/s: _____ Date: ____/ ____/ ____

PRIVACY STATEMENT

The Hunter Trade College is subject to the Privacy and Personal Information Protection ACT 1998. The information that you provide will be used to process your child's application for an exemption from the requirement to enrol at and /or attend school.

It will only be used or disclosed for the following purposes:

- General student administration relating to the education and welfare of the student
- Communication with students and parents
- To ensure the health, safety and welfare of students, staff and visitors to the school
- State and National reporting purposes
- For any other purpose required by law.

The information will be stored securely. You may access or correct any personal information by contacted the College. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the College.



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Certificate for Exemption from Attendance at College under Section 25 of the *Education ACT 1990*

STUDENT DETAILS

Family Name: _____ Given Name: _____

Date of Birth: _____ (dd) / _____ (mm) / _____ (year)

Address: _____

_____ Postcode: _____

Dates of exemption applied for: ____ / ____ / ____ to ____ / ____ / ____.

Reason for the exemption:

Conditions of the exemption (note: for a part day exemption the hours of program participation must be specified, including the plan to have the student attend College full time)

It has been explained to the parent of the above mentioned student that they are responsible for his/her supervision during the period of exemption.

The parent understands that this exemption is limited to the period indicated, acknowledges that the exemption may be cancelled at any time.

Name and position of Delegate: _____.

Signature of Delegate: _____ Date: ____ / ____ / ____.

**This certificate has been issued without alteration and must be produced when requested
by police or other authorised attendance Officers.**

S K I L L S



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