Application for exemption from compulsory school enrolment

Non-government schools

# Relevant legislation

* Under section 11 of the *School Education Act 1999*, the Minister may exempt a child from compulsory education if the Minister is satisfied it is in the best interest of the child to do so.
* Under section 11(6) of the *Act*, the Minister has delegated power to exempt children enrolled at non-government schools to the Director General of the Department of Education.
* An exemption may be granted subject to conditions specified in the exemption approval letter and the exemption may be revoked at any time.

## Submission

Completed form and relevant attachments can be forwarded to NGSRegulation@education.wa.edu.au and mailed to Department of Education, Non-Government School Regulation, 151 Royal Street, EAST PERTH WA 6004

## Enquiries

Telephone: (08) 9441 1900 Email: [NGSRegulation@education.wa.edu.au](mailto:NGSRegulation@education.wa.edu.au)

## Applicant details

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Relationship to child (e.g. parent, guardian)** | | | | | Enter text | | | | |
| **Title** | Mr | Mrs | | Miss | | | | Ms | Other |
| **Full Name** | Enter text | | | | | | | | |
| **Address** | Enter text | | | | | | | | |
| **Suburb** | Enter text | | **State** | Enter text | | | | **Postcode** | Enter text |
| **Email** | Enter text | | | **Mobile** | | Enter text | | | |
| I hereby apply for the child, whose details are given below, to be exempt from compulsory education under section 11 of the *School Education Act 1999* and agree to advise the Department of Education should these details change. | | | | | | | | | |
| **Signature** |  | | | | **Date** | | \_\_\_/\_\_\_/\_\_\_ | | |

## Student details

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name (s)** | Enter text | | | | | | | | |
| **Date of birth** | \_\_\_/\_\_\_/\_\_\_ | | | | **Gender** | | | Enter text | |
| **Address** | Enter text | | | | | | | | |
| **Suburb** | Enter text | | **State** | Enter text | | | **Postcode** | | Enter text |
| **Email** | Enter text | | | **Mobile** | | Enter text | | | |
| **Current School and Year level** | | Enter text | | | | | | | |
| **Year level to be exempt** | | Enter text | | | | | | | |

## Student details

|  |  |
| --- | --- |
| Undertaking a full-time course at a TAFE **[attach a copy of enrolment confirmation and information on course duration, start and end dates]** |  |
| Undertaking a full-time apprenticeship/traineeship **[complete section 5 and attach a copy of completed apprenticeship contract /training contract/letter of acceptance and information on course duration, start and end dates]** |  |
| Undertaking a full-time course at a private Registered Training Organisation/University/higher education institution/Community Based Course **[attach a copy of enrolment confirmation and information on course duration, start and end dates]** |  |
| Undertaking full-time employment **[complete section 6 and attach a copy of the employment contract and information on hours of work per week, start and end dates]** |  |
| Undertaking a combination of approved options **(please detail below) [attached copies of supporting documentation and/or complete section 6, if applicable]** |  |

**4. Proposed commencement date for exemption**  \_\_\_\_/\_\_\_\_/\_\_\_\_

**5. Proposed exemption end date\*** \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Exemptions may only be considered for the period up to the end of Year 10.

**6. Employer details (if applicable)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Business name or employer name** | | | Enter text | | | | | |
| **Address** | | | Enter text | | | | | |
| **Suburb** | | | Enter text | **State** | Enter text | | **Postcode** | Enter text |
| **Contact person**  **name and role** | | Enter text | | | | | | |
| **Email** | Enter text | | | **Mobile** | | | Enter text | |
| **Occupation of child/role title** | Enter text | | | **Days and hours per week the child is to be employed** | | | Enter text | |
| **Signature of employer** |  | | | | | **Date** | \_\_\_/\_\_\_/\_\_\_ | |

**7. School recommendation and comments (must be completed by school principal)**

|  |  |  |  |
| --- | --- | --- | --- |
| Enter text | | | |
| **Name of principal** | Enter text | | |
| **Signature of principal** |  | **Date** | \_\_\_/\_\_\_/\_\_\_ |