

**APPLICATION FOR EXEMPTION -
PARTICIPATION IN ELITE SPORTS PROGRAM OR EVENT**

An application for exemption is required when students are aware that they will miss school due to participation in an elite sports program, training or event.

If a student is to miss an assessment task, they are to complete a **Variation to Assessment Form** additional to this form.

PART A: STUDENT DETAILS

Family name : _____ **Given name (S) :** _____

School year group : _____

PART A: EVENT/PROGRAM DETAILS

Name of sport : _____

Name of elite sport program or event : _____

Location of elite sport program or event : _____

PLEASE COMPLETE ONE OF THE FOLLOWING :

1. Singular or two consecutive day absence

Dates exemption applied for : _____ to _____ Number of school days : _____

2. Individual day/s over a period of time

Individual dates applied for : _____ Number of school days : _____

3. Part day absence :

Date of exemption : _____ Hours of exemption : From _____ to _____

4. Three days or more consecutive absence :

Dates exemption applied for : _____ to _____ Number of school days : _____

PART C: SCHOOL WORK

- Only to be completed for 3 or more consecutive day absences

The following need to be completed :

- class work issued in advance
- assessment tasks rescheduled (students must complete MISADVENTURE Form)

Procedures :

- See each teacher you have and get them to check for assessment tasks and give you work to complete. This is recorded on this form.
- Students representing their club, region, state or country at sport - have all relevant paperwork signed by Director of Sport.

Do you have any Assessment Tasks / Exams on while you are away?

YES / NO

If Yes, have you made alternative arrangements with the relevant Head Teacher?

YES / NO

SUBJECT	TEACHER'S SIGNIATURE	WORK ISSUED (YES/NO)

Student Name : _____ Signature : _____ Date : _____

Parent Name : _____ Signature : _____ Date : _____

Director of Sport Signature: _____

NOTE : Please attach event information or program schedule where possible

STUDENTS WILL BE MARKED ABSENT UNLESS THIS FORM IS COMPLETED, SIGNED BY PARENT/CARER, DIRECTOR OF SPORT AN RETURNED TO STUDENT SERVICES OFFICE.

For Office Use Only

Following consideration of this application I am satisfied that conditions exist that make it necessary or desirable that _____ be exempt from school for the reasons as stated above.

☐

School Business

☐

Exempt - Please issue Certificate of Exemption from Attendance / Enrolment at School

Principal's Name : RACHEL BYRNE Signature of Principal : _____ Date : _____

Recorded on SENTRAL and copy placed in student file : YES / NO

Administration officer signature : _____ Notification to applicant date : _____

HUNTER SPORTS HIGH SCHOOL

T : 02 49435775

hunterspt_h.schools@det.nsw.edu.au

www.huntersports.com.au