



SCOTS ALL SAINTS
COLLEGE

Application for Extended Leave from Attendance at School

To be completed by the student's parents

STUDENT DETAILS

Family name: _____ Given name(s): _____

Year Group: _____ Age: _____ Date of birth: _____ (dd) / _____ (mm) / _____ (year)

Address: _____

_____ Postcode: _____

Date of exemption applied for: _____ to: _____

Number of school days: _____

Reason for application for exemption:

Please tick: ✓

Exceptional domestic circumstances	<input type="checkbox"/>
Other Exceptional Circumstance	<input type="checkbox"/>
Direction under Section 42D of the <i>Public Health Act 1991</i>	<input type="checkbox"/>
Employment in entertainment industry/participation in elite arts or sporting event for short periods of time i.e. for one or two days, and at short notice	<input type="checkbox"/>

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

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



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DETAILS OF PRIOR/CURRENT EXEMPTIONS (if applicable)

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

Number of school days: ____

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

PARENT DETAILS

Family name: _____ Given name(s): _____

Address: _____

Postcode: _____

Telephone number: _____ Relationship to student: _____

- **As the parent of the above mentioned student, I hereby apply for a Certificate of Exemption from attendance at school, 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 recognise 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 recognise 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: ____ / ____ / ____

APPROVED: _____

DATE: _____

Ms Tracey Leaf
Director of Senior School/Head of Scots Campus