



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: \_\_\_\_\_

Mr Chris Jackman  
Director of Middle School/Head of All Saints Campus