Catholic education south australia		EXE ENR ND EDUCAT Me Family / Tra Othe	PRINCIPAL APPROVED APPLICATION FOR EXEMPTION FROM SCHOOL ENROLMENT/ATTENDANCE ID EDUCATION ENROLMENT/PARTICIPATION Medical (up to one month) Family / Travel / Holiday (up to 12 months) Other / Conditional / Ongoing For all students 17 years and under						FORM C ED 175 This form to remain at School. For Internal Use only.		
The student must attend school regularly until exemption is approved.											
COMPULSORY INFORMATION – all fields must be completed - Please retain at school in student file											
Name of Student (in full)											
School/Provider											
Principal's Name											
Parent/Guardian Address											
Parent/Guardian Phone							Postcode				
Student's Date of Birth		Age				Gende	ər		Year Lev	el	
Children and Young People in Care				Aborigina Strait Isl			Student	With Disabi	lity		
ame of arent/Guardian							Signature				
Principal Approve					1						
Family / Travel / Holiday (up to 12 months)		Start Date				E	nd Date				
Other / Conditional (up to one month) e.g. COVID restrictions		Details:									
		Start Date				E	nd Date				
Ongoing Medical (up to one month)		Details:									
(2p - c ono monu	,	Start Date				E	nd Date				
PRINCIPAL - APPROVED / NOT APPROVED (please circle) Print Principal Name: Emily Sayer											
Please retain at audit purposes.	Signature	ignature Date//									