



St Matthew's Primary School

Application for Exemption for a student for an absence of 11 days up to and including 110 days

TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN	
Legal name of student in full	
Date of birth	
Class	
Name of parent/legal guardian	
Address	
Mobile	
Email	
Period for which exemption is sought	From To <i>(enter dates)</i>
How many school days are you seeking exemption for?	
Reason/s for seeking exemption	<i>Please provide full details and attach documentary evidence to support this application eg statement from medical practitioner.</i>
Signature Parent/Legal Guardian	
Date	
TO BE COMPLETED BY SCHOOL PRINCIPAL	
<input type="checkbox"/> I grant an exemption for this student	
<input type="checkbox"/> I grant an exemption for this student with the following conditions:	
<input type="checkbox"/> I do not grant an exemption for this student	
Principal's signature	
Date	