



Catholic Schools Office

Diocese of Broken Bay

Form B2

Certificate

Certificate for Exemption from School (M)

School Details	
Name/Suburb:	Tel. No:

Student Details		
Family name:	Given name(s):	
Address:		
		Postcode:
Date of Birth:	Age:	Student No:

This certificate pertains to:	<input type="checkbox"/> Exemption from attendance	<input type="checkbox"/> Exemption from enrolment	
The named student has been granted an exemption for the period indicated			
Dates exemption applied for	From:	To:	No. of school days:

Reason for Exemption

Condition for Exemption

Note: The parent of the above mentioned student has been advised that they are responsible for the student's supervision during the period of exemption. The parent:

- understands that the exemption is limited to the period indicated
- acknowledges that the exemption is subject to the conditions listed
- understands that the exemption may be cancelled at any time

Delegate's Details and Signature	
Name:	Position:
Contact Tel:	Email:
<i>Delegate's Signature</i>	<i>Date</i>

This certificate has been issued without alteration and must be produced when requested by police or other authorised attendance officers.