catholic		PRINCIPAL APPROVED APPLICAT EXEMPTION FROM SCHOO ENROLMENT/ATTENDANC ID EDUCATION ENROLMENT/PAR Medical (up to one month Family / Travel / Holiday (up to 12 Other / Conditional / Ongoin For all students under 17 years				ATION hs)	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]	Postco	ode		
Student's Date of Birth			Age	e	Gend	er	Year	Level
Children and Young People in Care				Aboriginal/Torres Strait Islander		Student V	With Disability	
Name of Parent/Guardian	Signature							
Principal Approved								
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 Medica (up to one month)		Details:						
		Start Date			E	nd Date		
			PRINCIPAL -	APPRO	VED / NOT	APPROVED	(please circle)	
Print Principal Name:								
Please retain at school in student file for audit purposes. For internal use only. Signature Date/								