Application for Part-time Attendance

* The Department of Education recognises that it is sometimes in the best interests of school students to allow them to participate in school on a part-time basis.
* The purpose of this document is to; provide a user-friendly form for those parents/independent students who apply for part-time attendance; and ensure the Department of Education records all part-time applications and decisions.
* Upon completion the school principal is to send this application to parttimeattendance@education.tas.gov.au
* This application will then be sent to the Minister for Education and Training or their delegate to make a decision. Parents and the school will be notified of the decision in writing.

DETAILS:
NOTE: ALL FIELDS IN THIS FORM ARE MANDATORY

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| --- | --- | --- | --- |
| Date: |  | School student’s full name: |  |
| Student Ed-ID: |  | Student Date of Birth: |  |
| School: |  | Parent(s)/Guardian name: |  |
| Parent/Guardian telephone number: |  | Parent/Guardian/Independent Student mailing address: |  |

This application was initiated by the: (MARK ONE BOX ONLY)

| [ ]  | Parent/guardian |
| --- | --- |
| [ ]  | Independent Student (a school student who is living independently from his or her parents) |

REASON FOR APPLICATION FOR PART-TIME ATTENDANCE

Please mark the primaryreason from the list below:

| A | [ ]  | The school student is at least 17 years old and plans to undertake part-time study and employment. |
| --- | --- | --- |
| B | [ ]  | The school student has an ongoing particular **medical, degenerative or similar condition** or is affected by medical treatment which means they are unable to attend school on a full-time basis (*please attach verification from a medical practitioner)* |
| C | [ ]  | The school student is in their first year of primary education and is not developmentally ready to attend school on a full-time basis |
| D | [ ]  | Best interests of the school student (*please provide a description in the box on the next page*) |

If you selected Option D please provide a description below as to why it is in the best interests of the school student to attend part-time.

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PARENT/GUARDIAN COMMENT or INDEPENDENT STUDENT COMMENT

Please note:if the school student is under guardianship or custody orders, the guardian is most likely to be the school student’s Child Protection Worker (not the foster carer).

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SCHOOL SOCIAL WORKER or SCHOOL PSYCHOLOGIST REPORT (School social worker or school psychologist to provide below or attach to this application)

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PRINCIPAL REPORT

| Question | Action |
| --- | --- |
| Confirmation that the school student is an independent student (if applicable). | Yes [ ]  No [ ]  |
| A recommendation to the Minister for Education or their delegate whether to accept or reject the application. | Accept [ ]  Reject [ ]  |
| State the length of time for which the part-time attendance is requested and any proposed review dates – **e.g. start date 16 October 2017 – end date 21 December 2017.** *Note that if the application is for the full year, a review is to occur at the beginning of each term*) |  |
| State the **days** and **times** that the school student will attend school – **e.g. Monday 9:00am to 12:00pm**). | Days/hours: |
| State comprehensive reasons for the application, why it is in the school student’s best interests, and the outcomes that are anticipated. | *[insert reasons here or attach to the form]* |
| Provide evidence that the school student’s parents have been consulted and that a high degree of consultation has occurred with others involved with the school student. | *[insert reasons here or attach to the form]* |
| Show that, where appropriate, there has been consultation with other government departments. | *[list here]* |
| Has the school student been fully informed and counselled about the implications of the application as appropriate? | Yes [ ]  No [ ]  |
| State the possible mechanisms for resumption of full-time attendance. | *[insert reasons here or attach to the form]* |

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

OR

SIGNATURE OF INDEPENDENT STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

AND

SIGNATURE OF PRINCIPAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Information Protection

The enrolment forms collect personal information from you to process your child’s application for enrolment. Personal information will be managed in accordance with the requirements of the Personal Information Protection Act 2004. It will be used by the Department of Education for student administration and for the planning, provision and reporting of educational programs as authorised by the Education Act 2016 and related State and Commonwealth legislation. It may be disclosed to health practitioners to support student health and safety requirements, and may also be disclosed to government and other agencies where authorised by law. We may not be able to provide some services if the information is not provided.