



Date of prior exemption/extended leave: From:\_\_\_\_/ \_\_\_\_ / \_\_\_\_ to \_\_\_\_/\_\_\_\_/ \_\_\_\_

Number of school days: \_\_\_\_\_

Certificate of prior Exemption/Extended Leave -Travel attached (Please tick): Yes  No

Copy of prior Certification of Exemption/Extended Leave Travel attached (Please tick ) Yes  No

Family name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

As the parent and applicant, I hereby apply for a *Certifi*