

## Application for Part-time Attendance

- 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 form for those parents/independent students who apply for part-time attendance; and ensure that part-time applications and their decisions are recorded.
- Upon completion of this form by the parent/s of the student for whom part-time attendance is being sought, the school principal is to send this application to [parttimeattendance@oer.tas.gov.au](mailto:parttimeattendance@oer.tas.gov.au)
- This application will then be considered by the Education Registrar as the Minister's delegate to make a decision. Parents and the school will be notified of the decision in writing.

### DETAILS:

Date of application:	
School student's full name:	
Date of Birth:	
School Name:	
Parent(s)/Guardian name:	
Parent/Guardian/Independent Student Address:	
Postal Address (if different):	
Parent/Guardian telephone number:	
Parent/Guardian email address:	

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

<input type="checkbox"/>	Parent/guardian
<input type="checkbox"/>	Independent Student (a school student who is living independently from his or her parents)

### REASON FOR APPLICATION FOR PART-TIME ATTENDANCE

Please mark the **primary** reason from the list below:

A	<input type="checkbox"/>	The school student is at least 17 years old and plans to undertake part-time study and employment.
B	<input type="checkbox"/>	The school student has an ongoing particular <b>medical, degenerative or similar condition</b> or is affected by medical treatment which means they are unable to attend school on a full-time basis ( <i>please attach verification from a medical practitioner</i> )
C	<input type="checkbox"/>	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	<input type="checkbox"/>	Best interests of the school student ( <i>please provide a description in the box on the next page</i> )

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.

**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).

**SOCIAL WORKER, SUPPORT WORKER, PSYCHOLOGIST OR MEMBER OF SCHOOL SUPPORT TEAM REPORT** (School social worker, support worker, psychologist or member of School Support Team to provide below or attach to this application)

**PRINCIPAL REPORT**

Question	Action
Confirmation that the school student is an independent student (if applicable).	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the school students ID number (if applicable)	
A recommendation to the Minister for Education or their delegate whether to accept or reject the application.	Accept <input type="checkbox"/> Reject <input type="checkbox"/>
State the length of time for which the part-time attendance is requested and any proposed review dates. ( <i>note that if the application is for the full year, a review is to occur at the beginning of each term</i> )	
State the days and time that the school student will attend school.	Days/hours:
State comprehensive reasons for the application, why it is in the school student's best interests, and the outcomes that are anticipated.	<i>[insert reasons here or attach to the form]</i>
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.	<i>[insert reasons here or attach to the form]</i>
Show that, where appropriate, there has been consultation with other government departments.	<i>[list here]</i>
Has the school student been fully informed and counselled about the implications of the application as appropriate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State the possible mechanisms for resumption of full-time attendance.	<i>[insert reasons here or attach to the form]</i>

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

OR

**SIGNATURE OF INDEPENDENT STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

AND

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

**Personal Information Protection**

Personal information will be managed in accordance with the requirements of the Personal Information Protection Act 2004. It will be used by the Office of the Education Registrar and shared with 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.