# Exemption from school enrolment due to attendance in a funded kindergarten program

Children who are turning 6 (compulsory school age) during the first or second year of funded kindergarten must be approved for kindergarten per capita funding and exempted from enrolling in school by the Department of Education (DE).

**Please forward this completed form to the relevant DE regional office to request an exemption from school for your child.**

**Regional office addresses can be found at** [www.vic.gov.au/office-locations-department-education](http://www.vic.gov.au/office-locations-department-education)

The following child seeks exemption from school enrolment for the year: ……………………

| **Family Details** | | | |
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| Parent/Carer name: | *Family name* | | *Given name/s* |
| Parent/Carer address: |  | | Daytime contact number: |
| Email: |
| Child’s name: | *Family name* | | *Given name/s* |
| Child’s address: |  | | |
| Child’s date of birth: …. / ….. / ….. | | Child’s gender:  Male ☐ Female  Other | |

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| **Children turning 6 during the FIRST year of funded kindergarten** |
| *Complete the following for children turning 6 during the first year of funded kindergarten* |
| Name and location of the early childhood service your child will be attending for their first year of funded kindergarten: |
| An exemption from school is requested because (please select a reason):  The family has moved from interstate or overseas where the school entry age criteria is different to that applied in Victoria |

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| The child’s early education has been delayed due to chronic illness, disability or developmental delay  The child is from a refugee/asylum seeker background and has suffered trauma and would benefit significantly from a year of kindergarten before enrolling in school  The child has not been able to access kindergarten previously due to transient family circumstances  Other special consideration (*please provide details below*): |
| The parent/carer is required to obtain written confirmation from a relevant professional (e.g. kindergarten teacher, medical practitioner, or an allied health professional) verifying the reason for exemption and why it is in the child’s best interest to attend kindergarten rather than commence at school. A copy of this written evidence and any other written advice that supports the child’s exemption from school must be attached to this form. |

| **Children turning 6 during the SECOND year of funded kindergarten** |
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| *Complete the following for children turning 6 during the second year of funded kindergarten* |
| Name and location of the early childhood service where child is currently attending their first year of funded kindergarten: |
| Name and location the of early childhood service child will be attending for a second year of funded kindergarten: |
| Has a *Declaration of Eligibility for a Second Year of Kindergarten* been completed by the child’s current early childhood service?  Yes  No |

| **School information** |
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| Name and location of the school the child is expected to attend once they complete kindergarten: |
| Have you spoken to the school about enrolling your child?  Yes  No  If ‘yes’, please summarise the school’s views. |

| **Signature** | |
| --- | --- |
| Name of parent/carer: | Date submitted: …. / ….. / ….. |
| Signature of parent/carer: | |
| Do you give permission for the Department to discuss this application with the child’s kindergarten teacher, the professional(s) verifying the exemption and the school?  ☐ Yes ☐ No | |

| **DE Office Use Only** | | |
| --- | --- | --- |
| A copy of the completed second year declaration form has been submitted to KIMS | | Yes  No  N/A |
| Written confirmation from a relevant professional is attached | | Yes  No  N/A |
| After consideration of the circumstances, kindergarten per capita funding and the school enrolment exemption request has been:  Approved  Not Approved  for …………………………………………. for the year of ……………………………………  (insert child’s name) (insert school year) | | |
| If applicable – any additional comments: | | |
| Name: | | |
| Regional Director (specify region): | | |
| Telephone Number: | | |
| Signature: | Date of Approval[[1]](#footnote-2): …… / …… / …… | |

1. Exemption must be granted by 1 November in the year prior to the child turning six years of age [↑](#footnote-ref-2)