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| Exemption from school due to attendance in a funded kindergarten program |

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

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

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

The following child seeks exemption from attending school for the year       .

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| Family details  |
| *Parent/Guardian name:*  | Family name       | Given name/s       |
| *Parent/Guardian 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  |

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| School information  |
|  Name and location of school child is expected to attend:       |
| Have you spoken to the school about enrolling your child? [ ]  Yes [ ]  NoIf ‘yes’, please explain the discussion.      |

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| Children turning six during the **FIRST** year of funded kindergarten  |
| **Complete the following for children turning six 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[ ]  The child’s early education has been delayed due to chronic illness, disability or developmental delay[ ]  The child is a refugee/asylum seeker who 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 considerations *(please provide details below):*      |
| The parent/guardian 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. |

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| Children turning six during the **SECOND** year of funded kindergarten  |
| **Complete the following for children turning six during the second year of funded kindergarten:** |
| Name & location of early childhood service where child is currently attending their first year of funded kindergarten:      |
| Name & location 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 Funded Kindergarten* been completed by the child’s current early childhood service? [ ]  Yes [ ]  No |

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| Signature  |
| Name of parent/guardian:  |        | Date submitted:      /     /       |
| Signature of parent/guardian: |  |  |
| 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 |

 **DET Office Use Only**

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| A copy of the completed second year declaration form has been submitted in KIM. [ ]  Yes [ ]  No [ ]  N/AWritten confirmation from a relevant professional is attached [ ]  Yes [ ]  No [ ]  N/AAfter consideration of the circumstances kindergarten per capita funding and a school attendance exemption request has been  |
| [ ]  recommended [ ]  not recommended  |
| for       for the year       .  (insert child’s names) (insert school year)  |
| If applicable - any additional comments:       |
| Name:       |
| Position:       |
| Contact Telephone Number:       |
| Signature: | Date of Recommendation:      /     /       |