School: Seven Hills West PS	Student:	ATSI:	Grade:	DOB: :

The focus of the plan should be to return the student to full time attendance. Anticipated date of return to full time attendance:

Refer to *Exemption from School - Procedures* 2.2 when completing this application.

Name of Program/s	Summary / outline of program

Where the part day exemption is to support the student's transition to school, a learning and support plan must be attached. Students may be required to complete additional school work if they are not in attendance for at least 5 hours per day. Where the part day exemption is part of a health care plan the principal must ensure consultation with health professionals responsible for the health of the child.

WEEK	MON		TUES		WED		THURS		FRI		TOTAL HRS	
(max 5 wks)	ATTEND	EXEMPT	ATTEND	EXEMPT	ATTEND	EXEMPT	ATTEND	EXEMPT	ATTEND	EXEMPT	ATTEND	EXEMPT
Example Week 1	*9am-11am*	*11am-3pm*	*9-3pm*	*N/A*	*9-11am*	*11am-3pm*	*9-12pm*	*12pm-3pm*	*9-12pm*	*12pm-3pm*	*15*	*14*

School staff supporting plan:	Period of Exemption: From to
Learning Support Team Coordinator:	Last date student attended whole day:
School case manager:	Review date of this plan: (max 5 wks):
OoHC?: Support Class (Please specify):	Funding Support: Returning from suspension?

Signature: _____   _____   _____   **Date:** _____

        Ms Shanti Clements, Principal   School Case Manager   Parent/Caseworker

> **To be forwarded to the local education office for LEO recommendation and Director (Schools) approval:**
> **Recommended/Not recommended   Approved/Not approved**
>
> _____ **Comments**:_____   _____ Comments: _____
> **Learning & Engagement Officer**   **Director (Schools)**
>
> When transition plan approved by the Director (Schools) the principal will then issue a Certificate of Exemption. The original Certificate is provided to the parent and a copy placed in the student's file. Attach a copy of this plan to the Certificate.