



ST GEORGE CHRISTIAN SCHOOL

H

Family name: _____ Given name(s): _____

Age: _____ Date of birth: ____ (dd) / ____ (mm) / ____ (year)

Enrolment Registration Number (ERN): _____ (office to complete)

Address: _____

Postcode: _____

School name: _____

Date of exemption applied for: _____

Number of school days: _____

Reason for application for exemption:

Please tick:

Other Exceptional Circumstance

