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# On-entry Assessment Program - Exemption or withdrawal Form

This form must be completed and retained at the school.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **STUDENT SURNAME:** |  |  |  |  |  |  |  |  |  | |  | |  | | |  |  | |  | |  | |  | |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  | |  | |  | | |  |  | |  | |  | |  | |  |  |  |  | |
| **GIVEN NAME:** |  |  |  |  |  |  |  |  |  | |  | |  | | |  |  | |  | |  | |  | |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  | |  | |  | | |  |  | |  | |  | |  | |  |  |  |  | |
| **DATE OF BIRTH:** | D | D | / | M | M | / | Y | Y | | Y | | Y | |  |  | |
|  |  |  |  |  |  |  |  |  |  | |  | |  | | |  |  |  | |  | |  | |  | |  |  |  |
| **SCHOOL NAME:** |  |  |  |  |  |  |  |  |  | |  | |  | | |  |  |  | |  | |  | |  | |  |  |  |

Please complete the relevant box below, including the reason for exemption or withdrawal.

**EXEMPTION**

* identified disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* EALD

(disability description)

* newly arrived in the country

**Exempted from:** □ **Literacy** □ **Numeracy** (indicate with a tick)

**OR**

**WITHDRAWAL**

Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Withdrawn from:** □ **Literacy** □ **Numeracy** (indicate with a tick)

The exemption or withdrawal of the above student from the On-entry Assessment Program has been discussed with and agreed to by the student’s parent/carer.

Parent’s/carer’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The principal must ensure that the student’s participation status is recorded in the On-entry assessment system.