



Office use only
HS/

FORM 2: Application for Renewal Registration (or Exemption from Registration) for Home Schooling

This form is to be used to apply for registration (or exemption from registration) for a child who has been registered or exempt from registration previously.

A separate application is required for each child.

Please return this form preferably by email: homeschooling@nesa.nsw.edu.au

Or mail to: Home Schooling Unit, NESA, PO Box 5300, Sydney, NSW, 2001.

Note: The educational program you have prepared will be reviewed during an assessment of your application by home visit.

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Region:	
AP:	
D20 /	

Applicant's name:

Mr Mrs Ms Miss Other (Please tick) (Given name) (Family name)

Home address: **Postcode:**
(Where home schooling will occur)

Postal address: **Postcode:**
(If the Postal address is the same as the Home address, please tick "As above") **As above**

Telephone number: Home: Mobile:

Email address:

Child's name:
(Given name) (Family name)

Child's date of birth: / / **Gender:** Male Female Not identified
DD / MM / YYYY (Please tick)

Indigenous status: Is the child of Aboriginal or Torres Strait Islander origin? (Please tick)
Yes No Not disclosed Not known

Applicant's relationship to child: (Please tick) Parent Legal Guardian
(If Legal Guardian, please attach copies of supporting documentation) Other

Is the child the subject of a **current Court Order?** (Please tick) Yes No
(If yes, please attach a copy of the current order with this application)

Is the child in **out-of-home-care?** (Please tick) Yes No
(If yes, please attach a letter from the Department of Communities and Justice or relevant agency stating consent for this home schooling application)

Have you applied previously for home schooling? *(Please tick)*

Yes

No

(If yes, please provide details including the name(s) of any siblings currently or previously registered for home schooling)

Are you applying for exemption from registration for home schooling on religious grounds? *(Please tick)*

Yes

No

Please identify the Years of schooling you intend to provide: *(Please tick)*

Primary (Kindergarten to Year 6)

Junior Secondary (Years 7 to 10)

Senior Secondary (Years 11 and 12)

Educational issues or special needs

Please identify any special needs or any educational issues you would like to discuss with the Authorised Person. If relevant, please attach further comment and/or information.

Optional section

Please identify your reason(s) for choosing to apply to home school your child.

(Please tick)

Philosophical

Religious

Special educational needs of the child

Other (please specify)

An Authorised Person will contact you to make an appointment to assess the documentation you provide to demonstrate that requirements for registration will be met.

Are you prepared for the assessment visit from an Authorised Person by having read and addressed the requirements for home schooling contained in the *Guidelines for Home Schooling Registration in NSW* and having: *(Please tick)*

- an educational program based on the relevant NESA syllabuses? Yes No
- an overview of the curriculum planned for the next period of registration? Yes No
- records of learning activities? Yes No
- records of student achievement and progress? Yes No
- records of the time allocated to student learning? Yes No
- sufficient resources and a suitable learning environment? Yes No

I hereby apply for **registration / exemption from registration** (as indicated above) for homeschooling of the above-named child under Part 7 of *the Education Act 1990*.

Signature of applicant:

Date:/...../.....
DD / MM / YYYY