

REQUEST FOR EXEMPTION

School: _____
 Address: _____
 Contact Person: _____
 Email: _____
 Contact Number: _____ (School) _____ (Mobile)
 Age Group: _____ Male/ Female (please circle)
 Team Applying (School and Age Division): _____

Reason for Request for Exemption:

- International Student
- Student changing schools

Please indicate the date of enrolment at the new school:

Please detail reason for change in schools:

Did the student play at the relevant State School Cup in 2010: Yes/No

Did the student change residential address: Yes/No

School Contact: _____
 (Teacher/Coach)

School Contact Signature: _____ Date: _____

School Principal Signature: _____ Date: _____

DUE DATE: MONDAY 25th OCTOBER by 5pm EST

AVSC OFFICE
 PH: 02 6247 633 FAX: 02 6247 6722 EMAIL: avsc@avf.org.au
 POSTAL ADDRESS: PO Box 3323, Belconnen, ACT 2617



Office Use Only			
Date Received:			
Exemption Granted:	Yes / No	Date Granted:	
School/Player Notified of Outcome:	Yes / No	Date Notified:	