National Assessment Program – Literacy and Numeracy (NAPLAN) 2020
EXEMPTION application: to be submitted by THURSDAY, 9 APRIL 2020

<table>
<thead>
<tr>
<th>Public Schools (including Independent Public Schools)</th>
<th>Catholic Schools</th>
<th>Non-Government Independent Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email: <a href="mailto:NaplanExemption@education.wa.edu.au">NaplanExemption@education.wa.edu.au</a>&lt;br&gt;Phone: 9402 6117&lt;br&gt;Abraham Kassab&lt;br&gt;Associate Principal&lt;br&gt;School of Special Educational Needs: Disability&lt;br&gt;Department of Education</td>
<td>Email: <a href="mailto:naplantesting@cewa.edu.au">naplantesting@cewa.edu.au</a>&lt;br&gt;Phone: 6380 5288&lt;br&gt;Wendy Pero&lt;br&gt;Educational Measurement &amp; Reporting Consultant (K-12)&lt;br&gt;Teaching and Learning Directorate&lt;br&gt;Catholic Education Western Australia</td>
<td>Email: <a href="mailto:pfarmer@ais.wa.edu.au">pfarmer@ais.wa.edu.au</a>&lt;br&gt;Fax: 9244 2786&lt;br&gt;Phone: 9441 1678&lt;br&gt;Peter Farmer&lt;br&gt;AISWA Consultant&lt;br&gt;Assessment and Evaluation&lt;br&gt;Association of Independent Schools of WA</td>
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</table>

STUDENT GIVEN NAMES: ____________________________

STUDENT FAMILY NAME: ____________________________

STUDENT YEAR LEVEL: ______ DATE OF BIRTH: ______ / ______ / ______

SCHOOL NAME: ____________________________

SCHOOL PHONE NO: ______ SCHOOL CODE: ______

NAPLAN COORDINATOR EMAIL: ____________________________

Indicate the NAPLAN tests for which exemption is requested.
Note: students who are granted an exemption are considered to be below the national minimum standard for reporting purposes.

- Language Conventions
- Reading
- Writing
- Numeracy

INDICATE REASON FOR EXEMPTION AND PROVIDE REQUIRED DETAILS BELOW

1. Exemption for reasons of English language proficiency (see Handbook for principals and NAPLAN coordinators section 5):
   - Student has a language background other than English
   - Date of starting school in Australia

OR

2. Exemption for reason of a disability requiring documented substantial or extensive adjustments to the curriculum as per the Nationally Consistent Collection of Data on School Students with Disability framework and (for Public Schools) who also attract an Individual Disability Allocation, typically Level 3 or above. (See Handbook for principals and NAPLAN coordinators section 6 for further information).

<table>
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<tr>
<th>NCCD Level of adjustment (ALL students)</th>
<th>Individual Disability Allocation (Students in Public Schools, including Independent Public Schools, only)</th>
</tr>
</thead>
</table>

Parent/carer signature: ____________________________ (sign) ____________________________ (print name) Date: ______

Principal signature: ____________________________ (sign) ____________________________ (print name) Date: ______

Office use only. Approved: ____________________________ Dated: ______ HPRM ref: ______

HPRM: 2019/62679