

**FORM 1: Application for Initial Registration (or Exemption from Registration) for Home Schooling**

This form is to be used to:

- apply for registration (or exemption from registration) for the first time, OR
- apply for registration (or exemption from registration) for a child who may have been registered previously but does not have a current certificate of registration.

A separate application is required for each child.

Please return this form to:

**Home Schooling Unit, NESA,  
GPO Box 5300 SYDNEY NSW 2001**

**Email: [homeschooling@nesa.nsw.edu.au](mailto:homeschooling@nesa.nsw.edu.au)**

**Telephone: (02) 9367 8149 Fax: (02) 9367 8475**

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

Office use only	
Region:	
AP:	
D20 /	

**Applicant's name:** Mr / Mrs / Ms / Other .....  
 (Please circle or tick) (Given name) (Family name)

**Postal address:** .....  
 ..... Postcode: .....

**Telephone no:** Home: ..... Mobile: .....

**Email address:** .....

**Home address: (where home schooling will occur)** (If the same as postal address write 'as above')

.....

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

**Child's date of birth:** ..... / ..... / ..... **Gender:** Male  Female

**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:**

(If Legal Guardian, please attach copies of supporting documentation.  
 If Other, please provide details.)

Parent   
 Legal Guardian   
 Other

**Is the child the subject of a current Court Order?**

(If yes, please attach a copy of the current order with this application.)

Yes  No

**Is the child in out-of-home-care?**

(If yes, please attach a letter from the Department of Family and Community Services stating consent for this home schooling application.)

Yes  No

**Have you applied previously for home schooling?**

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?**

Yes  No

**Please indicate the Years of schooling you intend to deliver:**

Primary (Kindergarten to Year 6)   
Junior Secondary (Years 7 to 10)   
Senior Secondary (Years 11 and 12)

**Educational issues or special needs**

Please indicate below if your child has special needs or if there are any educational issues you would like to discuss with the Authorised Person. If necessary, please attach further comment and/or information.

**Optional section**

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

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 *Registration for Home Schooling in NSW – Information Package* and having:

- records of the child’s previous educational history and attainment? Yes  No
- an educational program based on the relevant NESA syllabuses? Yes  No
- a method for recording learning activities? Yes  No
- a method for recording student achievement and progress? Yes  No
- sufficient resources and a suitable learning environment? Yes  No

I hereby apply for registration/exemption from registration (delete as applicable) for home schooling of the above-named child under Part 7, Division 6/7 of the *Education Act 1990*.

**Signature of applicant:** ..... **Date:** ...../...../.....

*Please note: The application must be signed by one parent. A second parent may also sign. Forms submitted by email must also contain a parent’s signature.*