



LANGUAGE EXEMPTION DECLARATION FORM

Applicant Information

SURNAME: _____

FIRST NAME(S): _____

ADDRESS: _____

DATE OF BIRTH (dd/mm/yyyy):

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CAO NUMBER (IF KNOWN):

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TEL NO: HOME/MOBILE: _____

EMAIL: _____

This Language Exemption Application is for the following reason – Please indicate:

Specific Learning Difficulty

Sensory Impairment

Signature of School Principal _____

Name and Address of School _____

Date:

School Telephone Number:.....

School Stamp