



Mary MacKillop Catholic Regional College 2026 UNIFORM EXEMPTION APPLICATION

Student Name: _____ HRM: _____

Reason for applying for an exemption: (Please tick Category for exemption)

Health and Wellbeing related exceptions		
✓	Specific Exception	Suggested Documentation
	Students with a health condition	Student Health Support Plan
	Other reason	Provided to College in writing

Further information to support your application (Please complete)

Parent/Legal Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Wellbeing Leader: _____ Date: _____

Completed forms to be returned to Deputy Principal: Wellbeing – Students and Staff. Student, Parent/Guardian will then be informed if the application has been successful or not and the effective start date.

Office Use Only:	
Uniform Exemption:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Deputy Principal – Wellbeing – Students and Staff:	_____
	Signature
	Date: ____/____/____
<input type="checkbox"/> Communicated to student	Date: ____/____/____
<input type="checkbox"/> Communicated to parent/guardian	Date: ____/____/____
<input type="checkbox"/> Communicated to all teachers	Date: ____/____/____
<input type="checkbox"/> File in students file in office	