

PRIMARY CAREGIVER RELOCATION EXEMPTION (PCRE)

APPLICATION FOR EXEMPTION

Where the primary caregiver of a student has changed address and, <u>as a consequence of this relocation</u>, the student could not reasonably have been expected to remain at their previous school, an application for exemption may be submitted. The application must be on this official Application for Exemption form available at <u>www.schoolsportnz.org.nz</u>, be signed by the exit school principal, new school principal, primary caregiver and student and have evidence of the address change attached. Any appeal must be lodged in writing with the executive director of School Sport NZ by the Principal of the new school.

<u>ONLY USE THIS FORM</u> to seek exemption for a student if a school finds it has exceeded the quota of new to school/non-domestic students as specified in the School Team Eligibility Criteria for an School Sport NZ sanctioned event and has a student/s that are eligible for PCRE under clause 2 above. This exemption applies to all sports for the student concerned.

The completed Application for Exemption form must be received by the Regional Sports Director (RSD) of the **new** school region or in Auckland, College Sport Auckland (CSA) and Wellington, College Sport Wellington (CSW) at least 4 weeks prior to the first event for which exemption is sought. The contact details for your RSD or CS office can be found at http://www.schoolsportnz.org.nz/secondary_schools_sports_contacts

PREVIOUS SCHOOL:	Da	Date signed out:	
CURRENT SCHOOL: Dar		te Enrolled:	
STUDENT: Surname	First	name	Date Of Birth
SCHOOL SPORT NZ sanctioned event/s for which exemption requested:			
Full Name of Primary Ca	regiver:		
Original Address of Prim	ary Caregiver	New Address of Primary	Caregiver
I hereby attest that the primary caregiver and student named in this application have relocated as stated			
Signed: Prima	ry Caregiver		
Stude	nt		
Princi	oal (Exit School)		
Princi	oal (New School)		
Please attach at least one of the following sets of documents which <u>MUST be in the name of the primary caregiver</u> at <u>each of</u> the <u>old and the new addresses</u> . All documents must be originals or copies certified by a Justice of the Peace			
Telephone Account Power or Gas Account Bank Statement			
Other (please state)			
For Office Use Only:	Date Received:	Approved	Not Approved
School Informed of decisi	on:	Signed:	Regional Sports Director