



PRIMARY CAREGIVER RELOCATION EXEMPTION (PCRE)

APPLICATION FOR EXEMPTION

Where the primary caregiver of a student has changed address and, as a consequence of this relocation, 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 www.nzsssc.org.nz, 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 NZSSSC by the Principal of the new school.

ONLY USE THIS FORM 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 NZSSSC 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.nzsssc.org.nz/secondary_schools_sports_contacts

PREVIOUS SCHOOL: _____ Date signed out: _____

CURRENT SCHOOL: _____ Date Enrolled: _____

STUDENT: Surname _____ First name _____ Date Of Birth _____

NZSSSC sanctioned event/s for which exemption requested: _____

Full Name of Primary Caregiver: _____

Original Address of Primary Caregiver	New Address of Primary Caregiver
_____	_____
_____	_____
_____	_____

I hereby attest that the primary caregiver and student named in this application have relocated as stated

Signed: Primary Caregiver _____

Student _____

Principal (Exit School) _____

Principal (New School) _____

Please attach at least one of the following sets of documents which **MUST be in the name of the primary caregiver at each of the old and the new addresses**. 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 decision: Signed: _____ Regional Sports Director