



STUDENTS WITH DIVERSE LEARNING NEEDS TRANSITION TO SCHOOL

This form should be used when an *Application for Enrolment* has been received in a Diocesan School for a student who has been identified with diverse learning needs on the Enrolment Application Form. It should be completed when the enrolment application indicates that the student has **MEDICAL, PHYSICAL/PSYCHOLOGICAL, SPECIAL LEARNING or BEHAVIOURAL NEEDS**, where **SPECIALIST ASSESSMENTS/REPORTS** (including School Counsellor) have been included with the application, where particular needs have been identified at the enrolment interview and/or during the enrolment process.

Where particular needs have been identified, the Parent(s)/Carer(s) of the student are asked to complete this form and return it to the school where an enrolment application is held. The Principal will forward this form and copies of any relevant reports to School Improvement Services, Specialist Support (SI-SS) at the Catholic Education Office (CEO).

Student Name

In BLOCK LETTERS

Date of Birth

School

Calendar Year for which enrolment is requested

Grade/Class for which enrolment is requested

NAME OF SCHOOLS TO WHICH APPLICATIONS FOR ENROLMENT HAVE BEEN MADE BESIDES THE SCHOOL TO WHICH THIS FORM IS BEING FORWARDED

Name of School/s	Suburb
1.	
2.	
3.	
4.	

FAMILY CONTACT DETAILS

Name

Phone

Contact address

EARLY INTERVENTION CENTRE DETAILS *(applicable for K – 6 enrolments only)*

Early Intervention Centre					
Address of Centre					
Contact person				Phone	
Days & time attending	Mon	Tues	Wed	Thurs	Fri

PRE-SCHOOL / CHILD CARE DETAILS *(applicable for K – 6 enrolments only)*

School Name					
Address					
Contact person				Phone	
Days & time attending	Mon	Tues	Wed	Thurs	Fri

PREVIOUS SCHOOL(S) AND/OR CURRENT SCHOOL ATTENDED

(If insufficient space please attach details)

School 1

School 2

Name of School(s) Attended		
Years Attended		
Contact Person		
Contact Number		

PREVIOUS SCHOOL(S) AND/OR CURRENT SCHOOL ATTENDED (Continued)

School 3

School 4

Name of School(s) Attended		
Years Attended		
Contact Person		
Contact Number		

PROFESSIONAL SERVICES

Please list any Professional Services (including School Counsellor) that your child has used or is currently using

	Professional Service	Contact Person	Phone Number
1.			
2.			
3.			
4.			
5.			

AUTHORITY FOR RELEASE OF INFORMATION

I give consent for information and/or relevant assessment records, including from the above Professional Services, to be released to staff of the Catholic Education Office and the school of application. I understand that the purpose of this authority is to support the preparation and smooth entry to school for my child.

Parent(s)/Carer(s) Signature

Date _____

Please print name in **BLOCK LETTERS**

10000 print names in 210 sheets

Please provide a brief summary of your child's additional needs and/or any comments that will assist us in meeting the needs of your child in their transition to school process.

[illegible]

Parent(s)/Carer(s) Signature

Date _____

For School use only

The appropriate CEO Education/Professional Officer has been notified of this enrolment application Yes ☐ No ☐

Support is required from School Improvement Services – Specialist Support to action this enrolment Yes ☐ No ☐

Forward to specialistsupport@dow.catholic.edu.au with appropriate documentation including a copy of the Enrolment Form

Principal Signature

Date