



Students with Diverse Learning Needs

Transition to School K-12

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) 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 <small>In BLOCK LETTERS</small>	
Date of Birth	
School	
Year enrolment is to commence	
Entry grade/class	

Family Contact details	
Name	
Contact Phone	
Contact Address	

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

Early intervention centre details *(application for K-6 enrolments only)*

Early intervention centre

Address

Contact person/phone

Days & time attending

Pre-school/child care details *(application for K-6 enrolments only)*

School name

Address

Contact person/phone

Days & time attending

Previous school/s and/or current school attended *(if insufficient space please attach additional details)*

School 1

School 2

School name/s attended

Address

Years attended

Contact person/phone

School 3

School 4

School name/s attended

Address

Years attended

Contact person/phone

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

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 Signature

Date

Parent/s Name

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 process.

Parent/s Signature

Date

Parent/s Name

For school use only

The appropriate CEO Professional/Education 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

Principal Signature

Date

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