



## TRANSITION TO SCHOOL – PRIMARY

This form should be used when an *Application for Enrolment* has been received in a Diocesan Primary School for a student who has been identified with special 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 <small>In BLOCK LETTERS</small>	<input type="text"/>		
Date of Birth	<input type="text"/>	School	<input type="text"/>
Calendar Year for which enrolment is requested	<input type="text"/>		
Grade/Class for which enrolment is requested	<input type="text"/>		

### 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	<input type="text"/>	Phone	<input type="text"/>
Contact address	<input type="text"/>		

### EARLY INTERVENTION CENTRE DETAILS

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

### PRE-SCHOOL / CHILD CARE DETAILS

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	<input type="text"/>	<input type="text"/>
Years Attended	<input type="text"/>	<input type="text"/>
Contact Person	<input type="text"/>	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>

**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
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Please print name in **BLOCK LETTERS**

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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.


**Parent(s)/Carer(s) Signature**

Date
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**For School use only**

The appropriate CEO 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 ☐

**Forward to School Improvement Services – Specialist Support with appropriate documentation including a copy of the Enrolment Form**

**Principal Signature**

Date
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