



## TRANSITION TO SCHOOL – SECONDARY

This form should be used when an *Application for Enrolment* has been received in a Diocesan Secondary School for a student who has been identified with special needs on the Enrolment Application Form. It should be completed when the enrolment form 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 to the school where your 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	Suburb
1.	
2.	
3.	
4.	

### FAMILY CONTACT DETAILS

Name

Phone

Contact address

### 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		

School 3

School 4

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

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

