

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							
Date of Birth		School					
Calendar Year for which enrolment is requested							
Grade/Class for which enrolment is requested							
NAME OF SCHOOL SCHOOL TO WHICH			_	AVE BEE	N MADE BES	IDES THE	
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							



PROFESSIONAL SERVICES

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

Professional Services

Contact Person

Phon

	Professional Service	Contact Person	Phone Number				
1.							
2.							
3.							
4.							
5.							
ΔΙΙ	THORITY FOR RELEASE OF INFORMATION						
	ve consent for information and/or relevant ass	essment records to be released to staff o	f 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.							
Pare	ent(s)/Carer(s) Signature						
	Date						
Please print name in BLOCK LETTERS							
Ple	ase provide a brief summary of your child	's additional needs and/or any comn	nents that will assist				
us in meeting the needs of your child in their transition to school process.							
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Pare	ent(s)/Carer(s) Signature						
	Date						
For School use only							
	School use only appropriate CEO Education Officer has been notified	d 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							
Prin	cipal Signature						



Date