

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			_	IAVE BEEI	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 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 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							
		Da	te				
Please print name in BLOCK LETTERS							
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.							
, and the property of the prop							
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				
	port is required from School Improvement Services -		Yes No				
10	Forward to School Improvement Services – Specialist Support with appropriate documentation including a copy of the Enrolment Form						
Drin	Principal Signature						



Date