

ENROLMENT TRANSITION FORM – Parent Form

Part C



(*This page to be completed by PARENT*)

Dear Parents

Please read and sign below and provide to your child's school for completion. This gives your child's school permission to provide the required information to Xavier Catholic College for the purposes of enrolment. Please be sure that you provide a stamped addressed envelope to your child's current school for their convenience.

STUDENT DETAILS:

Student Name: _____ Date of Birth: ____/____/____

Male Female

Current Year Level: _____

Name of School / Kindy / Day Care /etc _____

School Street Address: _____

Suburb: _____ State: _____ Postcode: _____

School / Kindy / Day Care - Contact Person _____

Telephone Number: (____) _____

PERMISSION TO PROVIDE INFORMATION

Dear Teacher and Principal,

*I am writing to inform you that _____
(student's full name)*

has applied for enrolment to attend Xavier Catholic College in Hervey Bay for Year ____ in 20____.

As part of Xavier Catholic College's Enrolment process, information is required to support students' needs and their transition to their new school. To support my child's application to Xavier, I am requesting that you complete the Transition form on page 2.

This form provides important information about my child's strengths and weaknesses, their learning and behaviour, school related difficulties they may have experienced and advice on how my child's transition could be assisted. Unfortunately, not all of this information is provided by school report cards.

I/We request that you forward this form as soon as reasonably possible to Xavier Catholic College by using the attached, stamped addressed envelope, provided for your convenience.

I/We also give permission for the Principal of Xavier Catholic College or their representative to contact you to collect and record any relevant information (either orally or via documentary materials or reports) for the purposes of enrolment application and ongoing education provision.

I/We would like to thank you in advance for supporting my child's enrolment transition needs. Please contact me if you have any concerns relating to my request.

Yours sincerely,

Parent/Guardian Name

Parent/Guardian Signature

Date: / /





Part C

(*This page to be completed by CURRENT TEACHER*)

STUDENT NAME: _____ Yr Level _____ in 20_____

PLEASE TICK ANY BOX WHICH YOU CONSIDER TO BE A CONCERN FOR THIS STUDENT

GENERAL LEARNING:		
<input type="checkbox"/> Numeracy	<input type="checkbox"/> General Knowledge	<input type="checkbox"/> Writing
<input type="checkbox"/> Speech	<input type="checkbox"/> Gross Motor Skills	<input type="checkbox"/> Fine Motor Skills
<input type="checkbox"/> Reading		
WORK HABITS:		
<input type="checkbox"/> Organisation	<input type="checkbox"/> Completion of Set Tasks	<input type="checkbox"/> Completing Homework
<input type="checkbox"/> Completing Assignments	<input type="checkbox"/> Working Independently	<input type="checkbox"/> Working in Groups
<input type="checkbox"/> Ability to concentrate	<input type="checkbox"/> Not working to ability	
<input type="checkbox"/> Other: _____		
BEHAVIOUR:		
<input type="checkbox"/> Disruptive	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Following Teacher Directions
<input type="checkbox"/> Co-operation	<input type="checkbox"/> Self-discipline	<input type="checkbox"/> Respect
<input type="checkbox"/> Excessive Talking	<input type="checkbox"/> Defiance	<input type="checkbox"/> Bullying / Teasing peers
<input type="checkbox"/> Self-control	<input type="checkbox"/> School absenteeism	
<input type="checkbox"/> Other: _____		
SOCIAL SKILLS / EMOTIONAL:		
<input type="checkbox"/> Friendship difficulties	<input type="checkbox"/> Conflict with other students	<input type="checkbox"/> Conflict with teacher
<input type="checkbox"/> Bullied / Teased by others	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression
<input type="checkbox"/> Shyness	<input type="checkbox"/> Confidence	<input type="checkbox"/> Motivation
<input type="checkbox"/> Worrier	<input type="checkbox"/> Anger / Frustration	<input type="checkbox"/> Easily Upset
<input type="checkbox"/> Depression	<input type="checkbox"/> Other (use space provided)	

TRANSITION ADVICE:
 Where applicable, has this child been verified or diagnosed, or is currently in this process? Yes No

Has this child received support for any particular difficulties? Yes No

If Yes, what type of support have they received (please tick below):

<input type="checkbox"/> Learning Support Teacher	<input type="checkbox"/> Inclusion/Integration Teacher	<input type="checkbox"/> E.S.L. Teacher
<input type="checkbox"/> Advisory Visiting Teacher	<input type="checkbox"/> Parent helper	<input type="checkbox"/> Guidance Counsellor
<input type="checkbox"/> Special Education Unit	<input type="checkbox"/> Other: _____	

Are there any particular areas you feel this child will need assistance with?

Based on your knowledge of children who may be attending Xavier, are there students it would be beneficial for this student to share or not to share a class with? Please give brief details:

Teacher Name

Teacher Signature

Date: / /