ENROLMENT TRANSITION FORM

PART A: to be completed by parents

Dear Parents and Carers

Please complete this section and pass the form to your child's teacher, educator or daycare provider for completion of PART B. For Secondary students, PART B is to be completed by the Year Level Coordinator or equivalent. This form authorises your consent for your child's current school, kindergarten or daycare to provide Xavier Catholic College with information about your child's learning, work habits, behaviour and potential needs.

Student Name: ..... Year Level: .....

Date of Birth: ..... Male ☐ Female ☐

School / Kindergarten / Daycare Name: .....

Suburb/Location: ..... State: .....

CONSENT TO SHARE INFORMATION

Dear Teacher / Educator

I/We wish to advise that an application has been made for my/our child to attend Xavier Catholic College. As part of the Xavier Catholic College's enrolment process, information is required from the current teacher/educator about my/our child and their learning behaviours. To support my/our child's application to Xavier Catholic College, I request that you complete PART B of this form.

I/We give permission for Xavier Catholic College to contact you to collect and record any relevant information for the purpose of this enrolment application and for the provision of my/our child's ongoing education.

.....	.....	.....
Parent/Guardian's Name	**Parent/Guardian's Signature**	**Date**
.....	.....	.....
Parent/Guardian's Name	**Parent/Guardian's Signature**	**Date**

PART B: to be completed by current teacher / educator / daycare provider

TRANSITION ADVICE:

Is this student a High Potential Learner? ☐ Yes ☐ No

If YES, please provide details: .....

Has this student been diagnosed with a medical condition or is currently in the process of diagnosis? ☐ Yes ☐ No

If YES, please provide details: .....

Does this student have an individual learning plan? ☐ Yes ☐ No

Have they been included in the NCCD? ☐ Yes ☐ No

If YES, NCCD Category: ..... **Level:** .....

Please indicate if the student has received any of the following support measures:

☐ Guidance Counsellor	☐ Learning Support	☐ Speech Pathologist	☐ EAL/D support
☐ Special Education Unit	☐ Advisory Visiting Teacher	☐ Parent Helper	☐ Other–please specify below:

Student's Name: .....

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

GENERAL LEARNING & WORK HABITS:

- ☐ English/Literacy
- ☐ Numeracy
- ☐ Science
- ☐ Humanities
- ☐ Religion
- ☐ Art
- ☐ Music / Drama
- ☐ Sports & HPE
- ☐ Organisation
- ☐ Completion of set tasks
- ☐ Shows initiative
- ☐ Works to ability

BEHAVIOUR & SOCIAL SKILLS / EMOTIONAL:

- ☐ Confident
- ☐ Responsible / reliable
- ☐ Trustworthy
- ☐ Mature for age
- ☐ Has leadership skills
- ☐ Positive role model
- ☐ Supports peers
- ☐ Respected by peers

Other areas of strength: .....

.....

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

GENERAL LEARNING:

- ☐ Speech
- ☐ Reading
- ☐ Comprehension
- ☐ Writing
- ☐ Numeracy
- ☐ General knowledge
- ☐ Gross motor skills
- ☐ Fine motor skills

WORK HABITS:

- ☐ Organisation
- ☐ Completion of set tasks
- ☐ Completion of homework
- ☐ Completion of assignments
- ☐ Working independently
- ☐ Working in groups
- ☐ Ability to concentrate
- ☐ Not working to ability

BEHAVIOUR:

- ☐ Disruptive
- ☐ Inattentive
- ☐ Task avoidance
- ☐ Defiance
- ☐ Excessive talking
- ☐ Bullying / teasing peers
- ☐ Respect for staff
- ☐ Following teacher directions
- ☐ Self-control
- ☐ Co-operation
- ☐ Absenteeism
- ☐ Other: _____

SOCIAL SKILLS / EMOTIONAL:

- ☐ Anxiety
- ☐ Depression
- ☐ Worrier
- ☐ Shyness
- ☐ Confidence
- ☐ Motivation
- ☐ Anger
- ☐ Frustration
- ☐ Friendship difficulties
- ☐ Bullied / teased by peers
- ☐ Conflict with peers
- ☐ Conflict with staff
- ☐ Easily upset
- ☐ Perception versus reality
- ☐ Controlling
- ☐ Other: _____

Is there any particular area you feel this student may need assistance with?

Please indicate any strategies or adjustments that have been implemented successfully for this student:

COMPLETED BY: _____ **DATE:** _____

ROLE: _____ **SCHOOL:** _____

PHONE: _____ **EMAIL:** _____

Please email completed form to: enrolmentsxavier@bne.catholic.edu.au