



**CONFIDENTIAL**  
**ENROLMENT TRANSITION FORM**  
**Prep - Year 12**

(\*This page to be completed by PARENT\*)

**Dear Parents**

Please read and sign below, then forward on 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 email completed form directly to enrolmentsxavier@bne.catholic.edu.au

**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: \_\_\_\_\_

**TRANSITION INFORMATION:**

**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: / /

\_\_\_\_\_  
(Parent/Guardian Name)

\_\_\_\_\_  
(Parent/Guardian Signature)



Date: / /



# Enrolment Transition Form P-12

(\*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:**

- Numeracy                       General Knowledge                       Writing                       Reading
- Speech                       Gross Motor Skills                       Fine Motor Skills

**Work Habits:**

- Organisation                       Completion of Set Tasks                       Completing Homework                       Completing Assignments
- Working Independently                       Working in Groups                       Ability to concentrate                       Not working to ability
- Other: \_\_\_\_\_

**Behaviour:**

- Disruptive                       Inattentive                       Following Teacher Directions                       Co-operation                       Self-discipline
- Respect                       Excessive Talking                       Defiance                       Bullying / Teasing peers                       Self-control                       School absenteeism
- Other: \_\_\_\_\_

**Social Skills / Emotional:**

- Friendship difficulties                       Conflict with other students                       Conflict with teacher                       Bullied / Teased by others
- Anxiety                       Depression                       Shyness                       Confidence
- Motivation                       Worrier                       Anger / Frustration                       Easily Upset
- Depression                       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):

- Learning Support Teacher                       Inclusion/Integration Teacher                       E.S.L. Teacher
- Advisory Visiting Teacher                       Parent helper                       Guidance Counsellor
- Special Education Unit                       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/ CARER COMPLETING TRANSITION INFORMATION:**

Name: \_\_\_\_\_  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_