



Clairvaux MacKillop College

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Enrolment Information Form

Section 1 *To be completed by parents/ guardians and given to your child's current class teacher.*

In support of the Application for Student Enrolment at Clairvaux MacKillop College for:

Student's Name: _____ **Entry Year Level** _____ **Year of Enrolment** _____

I/We _____ hereby authorize the Principal of *(current school)*

_____ to release the information requested below relating to my/our child

to the Principal of Clairvaux MacKillop College. I/We further authorize the release of any guidance reports or

other confidential reports that may assist the Enrolment Process. Date: _____

Parent/Guardian Signature: _____ Contact phone no: _____

Please now pass this form to your child's current School Teacher or Learning Support Teacher.

Enrolment interviews cannot be held until this form is returned to Clairvaux MacKillop College.

(Strictly Confidential)

Section 2 *To be completed by student's current school.*

Date: _____

Student's Name: _____ Current Year Level: _____

School Name: _____ Contact Ph. No: _____

Name/position of person completing this report: *(Please print)* _____

Compared to other students, how does this student currently perform in the following areas?

	Well below Av.	Below Av.	Av.	Above Av.	Well above Av	Comment
Written Exp.						
Oral reading						
Comprehension						
Oral Language						
Listening						
Numeracy						
Motor Skills						
Behaviour						
Social Skills						
Handwriting						
Attitude						

Does the student need ESL support? Yes No

Does the student have an impairment in one or more of the following areas?
 (Please describe). If no impairment, please go to General Comment section at the end of this form.

Intellectual _____

Physical/Medical _____

Social/Emotional _____

Visual _____

Hearing _____

Speech/Language _____

Autistic Spectrum Disorder _____

ADD/ADHD _____

Learning Disability _____

Other _____

Has this impairment been verified as part of the EAP? Yes No

Does the student have an IEP? Yes No

Is the student currently in receipt of funding? Yes No
 (Type CTP, Enhancement, other) _____

How many hours per week of Teacher Aide funding are received? _____ hrs.

Is the student supported by any of the following:

Support Teacher (Inclusive Education) Yes No

ESL Teacher Yes No

Speech Pathologist Yes No

Guidance Counsellor Yes No

Advisory Visiting Teacher Yes No

Other _____

Which **BCEC Consultant/s** are involved? _____

General Comments: (Is there other information which would assist us with the enrolment and further education of this student at Clairvaux MacKillop College?)

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Teacher's Signature: _____

Thank you for your support and cooperation in completing this form. **Mr Brian Eastaughffe - Principal**
Further Action

After completing this form please email to enrolments@cvxmck.edu.au or post/fax to Clairvaux MacKillop College; kindly enclose copies of any guidance/confidential reports etc. that may help with the enrolment and continuing education of this student. All information is held in the strictest confidence.