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?

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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?)

Teacher’s Signature: ____________________________

Thank you for your support and cooperation in completing this form.

Dr Andrea O’Brien - Principal

Further Action

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