



# Clairvaux MacKillop College

Phone: 3347 9200 email: [enrolments@cvxmck.edu.au](mailto:enrolments@cvxmck.edu.au) www.cvxmck.edu.au



## Enrolment Information Form

[Parents to sign authorisation below and email to the current school teacher for completion](#)

**Student Name:**

**Date of Birth:**

**Year Level:**

**Year of Enrolment:**

**Parent/Legal Guardian Name:**

**Signature:**

**Contact Phone Number:**

**Date:**

I hereby authorise the Principal of (current school) to release the information requested below to the Principal of Clairvaux MacKillop College, in support of the application for my child. I further authorise the release of any guidance/ other confidential reports that may assist the enrolment process.

***To be completed by the student's current school. STRICTLY CONFIDENTIAL***

**Student's Name:**

**Current Year Level:**

**Current School Name:**

**Contact Phone Number:**

**Class teacher:**

**Date:**

### Development History

**Social Emotional Development** *(tick appropriate column)*

**Strong**

**Moderate**

**Needs  
Development**

Works co-operatively with others

Can work independently

Can concentrate for a period of time, eg. 15-20 minutes

Relates well to Peers

Responds satisfactorily to advice or correction

Can manage with a challenge

**Academic Progress** *(tick appropriate column)*

**Strong**

**Moderate**

**Needs  
Development**

Oral Reading

Reading Comprehension

Written Expression

Mathematics - Numeration

Mathematics - Computation

Mathematics - Problem Solving

Organisational Independence

### Student History

Has the student repeated a year level?

Yes

No

Unknown

Has the student received additional support?

Support Teacher

EAL/D Teacher

School Officer

Guidance Counsellor

Speech Pathologist

Advisory Visiting Teacher

Other

In which areas:

Literacy

Numeracy

Other

*(please forward relevant reports)*

Please describe:

**Does the student have any disabilities or additional needs in any of the following areas:**

- |                   |                          |
|-------------------|--------------------------|
| Intellectual      | Speech/ Language         |
| Physical/ Medical | Autism Spectrum Disorder |
| Social/ Emotional | ADD/ ADHD                |
| Visual            | Learning Disability      |
| Hearing           | Other                    |

Does the student have a current **Personalised Support Plan** or Similar? Yes      No

**Nationally Consistent Collection of Data (NCCD)**

Category of Disability:	Cognitive	Physical	Sensory	Social/Emotional
<u>Level of Adjustment:</u>	Support provided within quality differentiated teaching practice (QDTP)			
	Supplementary adjustment	Substantial adjustment		Extensive adjustment

Further comment:

**Conduct:** Does the student generally meet the school's expectations in the following areas?

Behaviour:	Yes	No	Attendance:	Yes	No
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Additional comments:

**General Comments:** Is there any other information which would assist us with the enrolment and support of this student?

Comments below: Phone for further details

**Details of person filling in this form:**

Name: Role:

Teacher's signature: Date:

Please complete and click submit form to return to the Enrolments Registrar at [enrolments@cvxmck.edu.au](mailto:enrolments@cvxmck.edu.au) at Clairvaux MacKillop College. Please attach copies of any guidance or confidential reports that may help with the enrolment and continuing education of this student. All information is held in the strictest of confidence.

Thank you for your time in completing this form.

**Mr Wayne Chapman - Principal, Clairvaux MacKillop College**