



Clairvaux MacKillop College

Phone: 3347 9200 email: admin@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:

Disability (if relevant)

Education Adjustment Program (EAP)

BCE

Education Queensland

ISQ

Verification Category, if verified:

Review Date:

Does the student have **any additional needs (unverified)** in any of the following areas:

Intellectual

Speech/ Language

Physical/ Medical

Autism Spectrum Disorder

Social/ Emotional

ADD/ ADHD

Visual

Learning Disability

Hearing

Other

Nationally Consistent Collection of Data (NCCD)Category of Disability:

Cognitive

Physical

Sensory

Social/Emotional

Level of Adjustment:

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

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@cxmck.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