



# Clairvaux MacKillop College

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[www.cvxmck.edu.au](http://www.cvxmck.edu.au)



## Enrolment Information Form from Previous School

**Parents to sign authorisation below and email to the current school teacher**

**Student Name:**

**Date of Birth:**

**Year Level:**

**Year of Enrolment:**

**Parent/Legal Guardian Name:**

**Signature:**

**Contact Phone Number:**

**Date:**

In support of the application for my child, I hereby authorise the Principal of the current school to release the information requested below to the Principal of Clairvaux MacKillop College. I further authorise the release of any guidance reports or 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 <i>(tick appropriate column)</i>	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 <i>(tick appropriate column)</i>	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:

Review Date:

**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?

Attendance:

Yes

No

Behaviour:

Yes

No

Additional comments:

**General Comments**

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

Please phone for further details

Yes, further comment:

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

Name:

Role:

Teacher's signature:

Date:

Please complete and click submit form to return to the Enrolment 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.

**Mrs Christine Clarke**  
**Principal, Clairvaux MacKillop College**