

Form 9: Application for Early Age Entry to School

Please forward completed: **1. Application**
 2. Parent Letter
 3. Supporting Documentation

To:
The Director
 Catholic Education Office
 PO Box 477
 BENDIGO VIC 3552

This application for **EARLY AGE ENTRY TO SCHOOL** should be completed by parent/s or carer/s in consultation with the relevant professionals and provided to the Principal for submission to the Director of Catholic Education Sandhurst. *This document must be filled in electronically before printing (please sign printed document before posting)*

CHILD'S SURNAME:	<i>Insert Text</i>	Female <input type="checkbox"/>	Male <input type="checkbox"/>
CHILD'S FIRST NAME:	<i>Insert Text</i>	Year of intended enrolment: <i>Insert Text</i>	
DATE OF BIRTH:	<i>e.g. 10/11/2012</i> <i>Please attach proof of DOB, e.g. birth certificate, passport, Immicard, letter from Doctor attesting to the child's age.</i>	Age: <i>Choose an item.</i>	
PARENT/CAREGIVER'S NAME:	<i>Insert Text</i>	Relationship to Child	<i>Insert Text</i>
PARENT/CAREGIVER'S NAME:	<i>Insert Text</i>	Relationship to Child	<i>Insert Text</i>
ADDRESS:	<i>Insert Text</i>		
SUBURB:	<i>Insert Text</i>	POSTCODE:	<i>Insert Text</i>
CONTACT NUMBER	<i>Insert Text</i>	Email	<i>Insert Text</i>

REASONS FOR EARLY ENTRY

GIFTED

Has your child been assessed as having a Full Scale Intelligence Quotient (FSIQ) > 130 Full Scale IQ (2 standard deviations, or more above the mean), preferably using the Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition, Australian and New Zealand (WPPSI-IV A&NZ), including the 10 sub-tests required to calculate the Full Scale score and Primary Index Scales conducted after the child has attained the age of 4-0 years

YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, FSIQ SCORE: <i>Insert Text</i>	<i>Please attach a copy of the relevant cognitive assessment by an educational psychologist. NOTE: It is the responsibility of the parent/guardian to obtain the cognitive assessment.</i>
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INTERSTATE OR OTHER JURISDICTION TRANSFER

Is your child transferring from another school, either interstate or overseas?
Please **ATTACH** a copy of proof of enrolment at the other school and relevant information such as attendance records or recent school report.

YES

NO

PREVIOUS SCHOOL NAME: *Insert Text*

PREVIOUS SCHOOL ADDRESS: *Insert Text*

SUBURB: *Insert Text*

POSTCODE: *Insert Text*

PRINCIPAL'S NAME: *Insert Text*

CONTACT PHONE: *Insert Text*

DATE OF INITIAL ENROLMENT: *Insert Text*

BEST INTERESTS

How is early entry to school in the best interests of your child?

Please provide details of the academic, social and emotional needs of your child, including any relevant information related to their school readiness.

Please attach a report or letter from a relevant childcare, kindergarten or allied health professional that includes observations of the child's development, literacy, numeracy, academic and social needs related to their school readiness.

Childcare/Kindergarten report or letter

Allied Health Professional report

Insert Text

WHAT WOULD BE THE IMPACT ON YOUR CHILD IF AN EXEMPTION IS NOT GRANTED?

Please describe what the consequences would be for your child if early entry is not approved?

Insert Text

DECLARATION (to be signed by parent (s)/guardian (s))

Signed:		Date:	<i>Insert date</i>
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Signed:		Date:	<i>Insert date</i>
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RECEIVING PRINCIPAL ENDORSEMENT

Do you endorse the child for early entry to school?

YES

NO

Please provide reasons for your answer

Insert Text

I declare that the information that I have included in this form is true and correct and that all relevant supporting documentation is attached.

PRINCIPAL'S NAME	<i>Insert Text</i>	Date:	<i>Insert date</i>
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Signed:	
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