

## REQUEST FOR APPROVAL FOR ENROLMENT IN AN EDUCATION SUPPORT FACILITY

Where a student demonstrates an exceptionally high educational need, placement in an education support setting may be permitted if it is agreed by the parent, education support facility principal and School Psychology Service.

The principal is responsible for facilitating enrolment reviews in collaboration with the parent and senior school psychologist or lead school psychologist.

In the case of enrolment through local placement, endorsement by the Regional Executive Director is required. Should a local placement be made, this does not guarantee additional resourcing. Resourcing is equitable to what would be provided in a local school.

Student Details				
Student's Name:	Date of request:			
Date of Birth:	Gender:	☐ Male	☐ Female	
Student's Residential Address:				
Parent Details				
Name(s):	Relationship to student:			
Title and name of person(s) mail is to be addressed to	):			
Postal Address (if different to student's residential address):				
Phone (Wk):	Phone (Hm)	١٠		
,	T HOLIC (FIIII)	/· 		
Phone (Mob):				
Current School Details				
Current School:	Current Year Level:			
School Address:	Phone:			
Principal:	Teacher:			
Key person who collaborated with the parent on this request (name and role):				
Enrolment Request Details				
Date enrolment requested from:				
Enrolment review date :				
Enrolment request location:				

PARENT TO CO	OMPLETE			
Have the follow been discussed	ving options and resources d with you?	Ha	ve you:	
☐ Local school	enrolment		Been informed of the process for applying for enrolment?	
☐ Education su	pport centre		Visited the school/centre you would like your child to enrol at?	
☐ Education su	pport school		Understood that education support enrolments are subject to review?	
☐ Transport			Understood that if transport is offered it will be according to the Public Transport Authority?	
☐ Individual dis	ability allocation		Understood that Local Placement does not guarantee additional resourcing? Resourcing is equivalent to what would be provided in a mainstream school.	
☐ Statewide Sp	pecialist Services		Been happy with the quality of information provided to you?	
I am requesting approval for my child to enrol at an Education Support Facility because				
I would like to make an application for enrolment at  I understand that this application for enrolment does not guarantee placement in my preferred facility or supplementary resourcing.  I understand that this is a standard enrolment and will be reviewed(DATE)				
OR				
☐ I understand that this is a local area placement and will be reviewed in 12 months				
Parent Name and Signature:			Date://	
Principal's Name and Signature: Date:/			Date:/	
Attached:				
Office use only				
Endorsement by Lead School Psychologist	Name		Signature Date	
Endorsement by Regional Executive Director (Local Area Placement only )				
	Name	=	Signature —// Date	