

**Policy 2.4**

**Appendix 6: Application for Early Age Entry to School**

*Please forward completed application form, parent letter and supporting documentation to:*

Executive Director, Catholic Education Melbourne

PO Box 3, EAST MELBOURNE VIC 8002

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| This application should be completed by parent/s or guardian/s in consultation with relevant professionals and provided to the principal for submission to the Executive Director of Catholic Education Melbourne. Note that a student seeking enrolment in Victoria must turn five by 30 April in the year of starting school and early entry will only be possible where specific criteria are met. | | | |
| **Child’s surname:** | Click here to enter text. | **Female  Male  Other** | |
| **Child’s first name:** | Click here to enter text. | **Year of intended commencement:** | Click here to enter text. |
| **Date of birth:** | Click here to enter text. | **Age:** | Click here to enter text. |
| *Please attach proof, e.g. child’s birth certificate, passport, ImmiCard or letter from doctor attesting to age.* | | | |
| **Parent/guardian’s name:** | Click here to enter text. | **Relationship to child:** | Click here to enter text. |
| **Parent/guardian’s name:** | Click here to enter text. | **Relationship to child:** | Click here to enter text. |
| **Address:** | Click here to enter text. | | |
| **Contact number:** | Click here to enter text. | **Email:** | Click here to enter text. |

**REASONS FOR EARLY ENTRY**

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| **GIFTED CRITERION** | | | |
| **Has your child been assessed as having a Full Scale Intelligence Quotient (FSIQ) ≥ 130?** | | | **Yes**  **No** |
| *The result of the FSIQ assessment must be at least 130 (i.e. two or more standard deviations 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 subtests required to calculate the FSIQ and Primary Index Scales, and conducted after the child has attained the age of 4:0 years.* | | | |
| **If yes, FSIQ score:** | Click here to enter text. | *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.* | |
| **INTERSTATE TRANSFER CRITERION** | | | |
| **Is your child transferring from another school, either interstate or overseas?** | | | **Yes**  **No** |
| *Please attach**a copy of proof of enrolment at the other school and other relevant information such as attendance records or recent school reports.* | | | |
| **Previous school’s name:** | Click here to enter text. | | |
| **Address:** | Click here to enter text. | | |
| **Suburb:** | Click here to enter text. | **Postcode:** | Click here to enter text. |
| **Principal’s name:** | Click here to enter text. | | |
| **Contact number:** | Click here to enter text. | **Date of initial enrolment:** | Click here to enter text. |

**IN ADDITION, PLEASE PROVIDE EVIDENCE TO SUPPORT:**

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| **BEST INTERESTS CRITERION** | | | |
| **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.* | | | |
| Click here to enter text. | | | |
| *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 professionalreport** | | | |
| **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.* | | | |
| Click here to enter text. | | | |
| **DECLARATION** *(to be signed by parent/guardian)* | | | |
| I declare that the information I have included in this form is true and correct, and that all relevant supporting documentation is attached. | | | |
| **Signature:** |  | **Date:** |  |
| **Signature:** |  | **Date:** |  |

**RECEIVING PRINCIPAL ENDORSEMENT**

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| --- | --- | --- | --- |
| **Do you endorse the child for early entry to school?** | | | **Yes**  **No** |
| *Please provide reasons for your answer.* | | | |
| Click here to enter text. | | | |
| I declare that the information I have included in this form is true and correct, and that all relevant supporting documentation is attached. | | | |
| **Principal’s name:** | Click here to enter text. | | |
| **Signature:** |  | **Date:** |  |