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| **Policy 2.41****Appendix 1: Application for Repeating a Year Level** |
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Students attending Catholic schools in the Archdiocese of Melbourne should progress to the next year level with their peers. Where there is a request to consider retention (repeating a year of school), a Program Support Group (PSG) meeting must be convened to carefully consider all of the available information and any additional adjustments that could be made to the student’s educational program. A collaborative approach should be taken to review the student’s needs and to identify other educational options, strategies and supports that the school could offer instead of repeating a year level.

In exceptional situations, e.g. due to student illness, personal family circumstances or family relocation, schools may request that a student is granted an exemption to repeat a year level. When considering if a student may benefit from repeating a year level, the PSG should consider the student’s best interests, including factors such as the student’s age, academic performance, aptitude, ability and devel opment, maturity, social and emotional wellbeing, attitude, peer group support and dependence. Independent expert advice can be sought from consultants and/or health or allied health professionals, if necessary.

Research pertaining to year-level retention (repeating) should also be considered. Please refer to the *Catholic Education Melbourne Student Retention Policy* and *Guidelines for Student Retention* for further information.

Where a close examination of the presenting factors has been conducted and the principal forms the view that year-level retention is in the student’s best interests, the completed application form should be forwarded to the regional general manager.

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| This application should be completed by the PSG, supported by the parents or guardians and in consultation with relevant professionals, and provided to the principal. Where the principal determines that repeating a year level is in the best interests of the student, this form should be submitted to the regional general manager. In Victoria, compulsory schooling is from 6–17 years of age. Catholic primary schools in the Archdiocese of Melbourne cater for students aged 5–12 years and secondary schools cater for students aged 13–18 years. Note that in a Melbourne Catholic school, students aged 13 years and over must be enrolled in a secondary school. |
| **Name of school:**      | **Principal name:**      | **Date of application:**      |
| **Child’s surname:** |       | **Female** [ ]  **Male** [ ]  **Other** [ ]   |
| **Child’s first name:** |       | **Current year level:** |       |
| **Date of birth:** |       | **Age:** |       |
| **Please attach proof-of-age, e.g. child’s birth certificate, passport, ImmiCard or letter from doctor attesting to age.** |
| **Has the child previously repeated a year level, i.e. kinder, primary school or secondary school**? **Yes** [ ]  **No** [ ]  |
| **Parent/guardian’s name:** |       | **Relationship to child**: |       |
| **Parent/guardian’s name:** |       | **Relationship to child:** |       |
| **Address:** |       |
| **Contact number:** |       | **Email:** |       |
| **Where this is a new enrolment, please provide full details of custodial parent/s, parenting orders, contact details for those with authority to enrol the child at school.** |

 EVIDENCE TO SUPPORT APPLICATION

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| **BEST INTERESTS CRITERIA** |
| **In completing this application for retention of a year level, the following documentation has been considered. (Please list relevant documentation here, e.g. academic records, psychologist report, medical report, teacher report etc.)** |
|       |
| **How is repeating a year of school in the best interests of this student?**  |
|       |
| **Please provide details of the academic, social and emotional needs of the student that have been considered in making a recommendation to repeat a year of school.**  |
|       |
| **Explain why this student will be at risk of long-term educational disadvantage if the application for retention is not approved.** |
|       |
| **Where relevant, please attach supporting documents such as school assessments, reports or letters from suitably qualified independent professionals, medical practitioners, educational psychologists or allied health professionals that may include observations of the student’s development, language and communication, literacy, numeracy, academic, social ability and emotional maturity**.  |
| Please list attached evidence to support the application:[ ]  educational psychologist professional report[ ]  allied health professional report[ ]  school assessments, reports or recommendations to support the request[ ]  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Application signed by:****Principal name:**       **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**      **Parent/guardian name:**       **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**      **Parent/guardian name:**       **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**        |
| **Decision by regional office****Decision outcome:** [ ]  Approved [ ]  Not approved**Rationale for decision****Regional General Manager****Name:**       **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**        |