

## Form 9: Application for Early Age Entry to School

Please forward completed:

1. Application
2. Parent Letter
3. Supporting Documentation

To:  
**The Executive 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)*

<b>CHILD'S SURNAME:</b>	<i>Insert Text</i>	Female <input type="checkbox"/>	Male <input type="checkbox"/>
<b>CHILD'S FIRST NAME:</b>	<i>Insert Text</i>	Year of intended enrolment: <i>Insert Text</i>	
<b>DATE OF BIRTH:</b>	<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>	
<b>PARENT/CAREGIVER'S NAME:</b>	<i>Insert Text</i>	Relationship to Child	<i>Insert Text</i>
<b>PARENT/CAREGIVER'S NAME:</b>	<i>Insert Text</i>	Relationship to Child	<i>Insert Text</i>
<b>ADDRESS:</b>	<i>Insert Text</i>		
<b>SUBURB:</b>	<i>Insert Text</i>	<b>POSTCODE:</b>	<i>Insert Text</i>
<b>CONTACT NUMBER</b>	<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:

*Insert date*

Signed:

Date:

*Insert date*

**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

*Insert Text*

Date:

*Insert date*

Signed: