

### APPLICATION FOR ENROLMENT

<b>Student Details:</b>		
	<i>Last name</i>	<i>First name</i>
<b>Home Address:</b>		
<b>Postal Address:</b>		
<b>Student Email:</b>		
<b>Student Mobile:</b>		
<b>Date of birth:</b>		<b>Current Year Level:</b> 10      11      12
<b>SACE Number:</b>		<b>ED ID Number:</b>
<b>Enrolment Location:</b>	Prospect	Daws

<b>NCCD Level of Adjustment</b>	Attended a Transition Centre Program before <b>Y/N</b>	ATSI <b>Y/N</b>	EALD <b>Y/N</b>
<b>1</b> <b>2</b> <b>3</b> <b>4</b> QDTP    Supplementary    Substantial    Extensive			
<b>NCCD Broad Category of Disability</b>	Special Options enrolled <b>Y/N</b>	Student in Care <b>Y/N</b>	FLO enrolled <b>Y/N</b>
Physical    Cognitive    Sensory    Social/Emotional	Disability Support Pension <b>Y/N</b>	NDIS Registered <b>Y/N</b>	SACE Modified <b>Y/N</b>

**How best describes the students public transport skills?**

Competent and independent       In the process of learning       Limited but keen to learn

**Are there any safety issues Transition Centre Staff need to be aware of?**

### Curriculum Information

<b>SACE Special Provisions/ Agreements between student and family</b>	Details:			
<b>Current SACE Subjects Enrolled</b>				
<b>Expected year of school completion</b>	2020	2021	2022	2023

### Enrolling Parent/Carer Contact

Parent/Guardian/Caregiver 1: Name :		Parent/Guardian/Caregiver 2: Name:	
Address:		Address:	
Email:		Email:	
Contact Number:		Contact Number:	
Emergency Contact Number:		Emergency Contact Number:	
Custody Order: <b>Y/N</b>	Details:		

### Current Agency Supports:

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<b>Home School:</b>	<b>Key Contact Name:</b>
Email Address:	
Phone:	

### Additional Information

Plans	Please provide	Details
Health Care Plan	Y/N	
Allergies	Y/N	
Medication Authority	Y/N	
Mental Health/Safety /Risk Assessment Plan	Y/N	
Positive Behaviour Support Plan	Y/N	
NEP/ One Plan/ Learning Plan	Y/N	
Recent Specialist Reports	Y/N	

### Purpose of Referral

Select those that are applicable:

- Completing SACE
- Choosing a Disability Employment Provider
- NDIS- Finding and Keeping a Job
- Pathway to an Australian Disability Enterprise; i.e. Bedford, Minda
- Access to personalised learning
- Pathway to a Registered Training Authority e.g. TAFE /further study
- Life skills numeracy/literacy
- Social Skills and Independent living
- Career Development

*I give permission for Transition Centre staff to further develop agreed priorities using assessment tools and learning materials that best suit learners requiring adjustment because of disability.*

**Parent Signature** (or Verbal Consent)

**Date:**

**School Contact Signature**

**Date:**

**APPLICATION EMAILED TO:** [dl.9226.info@schools.sa.edu.au](mailto:dl.9226.info@schools.sa.edu.au)