





This application form is informed by the St Paul's Primary School Enrolment Policy and Procedures. Please refer to these documents for further information. This application should be completed by parents/guardians/carers in consultation with relevant professionals and provided to the principal for submission to the MACS Regional General Manager.

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.

To obtain an exemption, evidence must be provided that the child meets **both** of the following criteria:

- 1. the child possesses suitable academic ability; and
- 2. it is in the child's best interests to be enrolled at or attend school. When considering whether early entry to school is in a child's best interests, the child must be at least 4 years, 6 months on or before 30 April in the year of school commencement.

It is the responsibility of the parent/carer to obtain all relevant cognitive assessment/s and/or other reports and evidence to support their child's application.

Applications based solely on parental observations will not be accepted.

Principal to forward completed application form, parent/guardian/carer letter, and supporting documentation to the relevant MACS Regional General Manager.

Child's surname:		Child's first name:		
Male:	Female:	Self Identified /Unspecified/indeterminate/X:		
Date of birth:	Age:	Year of intended commencement:		
Please attach proof, e.g. to age.	., child's birth certificate, p	assport, ImmiCard or letter from doctor attesting		
Parent 1/guardian 1/ carer 1 name:		Relationship to child:		
Parent 2/guardian 2/ carer 2 name:		Relationship to child:		
Address:				
Contact number:		Email:		
Please provide full details of custodial parent/s, parenting orders, contact details for those with authority to enrol the child at school.				

## Passons for Early Entry

i. Reasons for Early En	uy				
SUITABLE ACADEMIC CRITERION					
Has your child been assessed as having a Full Scale Intelligence Quotient (FSIQ) ≥ 130?					
above the mean), preferably using th Fourth Edition, Australian and New Z	nust be at least 130 (i.e. two or more st e Wechsler Preschool and Primary Sca ealand (WPPSI-IV A&NZ), including th dex Scales, and conducted after the ch	ale of Intellique 10 subtes	gence, ts required		
If yes, FSIQ score:	Please attach a copy of the relevant cognitive assessment by an educational psychologist registered under the Australian Health Practitioner Regulation Agency (AHPRA). Note: It is the responsibility of the parent/guardian to obtain the cognitive assessment.				
INTERSTATE TRANSFER CRITERIO	ON				
Is your child transferring from another school, either interstate or overseas?		☐ Yes	s 🗌 No		
	lment and attendance for more than or nformation such as attendance and sch		(3 months) at		
Previous school's name:					
Address:					
Suburb:	Postcode:				
Principal's name:					
Contact number:	level (e.g.	Date of initial enrolment and year level (e.g. Kinder/Prep/Foundation):			
In addition, please provide evidence to	support:				
BEST INTERESTS CRITERION					
Is your child at least 4 years, 6 months on or before 30 April in the year of school commencement?					
	best interests of your child? nic, social and emotional needs of your chool readiness. Explain why your child				

long-term educational disadvantage if the application for early entry was not approved.

Please attach reports or letters from suitably qualified independent professionals such as early childhood educators, educational psychologists or allied health professionals that include observations of the child's development, language and communication, literacy, numeracy, academic, social ability and emotional maturity related to their school readiness. The documentation must recommend early entry to formal schooling and note the detrimental impact for the child should they not attend.					
☐ Early childhood educator report addressing developmental criteria☐ Educational psychologist/allied health professional report addressing de	velopmental	criteria			
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 ent		roved.			
Declaration  I declare that the information I have included in this form is true and correct, supporting documentation is attached.  By submitting this form, you consent to the information contained within the frelevant MACS employees for the purpose of considering your child's application.	orm being sl				
Parent 1/guardian 1/carer 1 signature:	Date:				
Parent 2/guardian 2/carer 2 signature:	Date:				
2. Receiving Principal Endorsement  Documentary evidence checklist  Birth certificate, passport or ImmiCard indicating that the child will be at least 4 years 6 months of age on or before 30 April in the year of commencing school	☐ Yes	□No			
Copy of a cognitive assessment detailing a ≥ 130 Full Scale IQ (2 standard deviations or more above the mean) conducted post age 4	☐ Yes	□ No			
If relevant, evidence from previous school regarding attendance and academic ability (e.g. full details of the previous school, date of enrolment, and year level, transfer notice, letter from principal)		□ No			
Proof that the academic program at the other school was equivalent to the Foundation (Prep) program offered by Victorian schools, e.g. school report	☐ Yes	□ No			

Evidence from an authoritative independent source indicating suitable social, emotional and academic ability to attend school:	☐ Yes	□No
observations of academic, language/communication, literacy, numeracy skill	☐ Yes	□No
observations of social and emotional development	☐ Yes	□No
an assessment indicating risk of long-term academic disadvantage if the application for early entry is not approved	☐ Yes	□No
Do you endorse the child for early entry to school?	☐ Yes	□No
Please provide reasons for your answer.		
Principal Declaration I declare that the information I have included in this form is true and correct, supporting documentation is attached.  Principal name:	and that all	relevant
Signature:	Pate:	
Signature: Director (or Delegate) Decis		
3. MACS Executive Director (or Delegate) Decis		
3. MACS Executive Director (or Delegate) Decis  Approved   Not approved		
3. MACS Executive Director (or Delegate) Decis  Approved   Not approved		
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Name:	
Position:	
Date:	