SECTION 1

To be completed by parents/guardians

In support of Application for Enrolment for **Grade** ________ **Year** ________

I/We ____________________________________________________________________________ hereby authorise the Principal of (current school) ____________________________________________________________________________ To release the information requested below, as it relates to my/our child ____________________________________________________________________________, to the Principal of Seton College.

I/We further authorise the release of any guidance or other confidential reports that may assist the Enrolment Process at Seton College.

Parent Signature: __________________________________________ Date: __________________

Please pass this form on to your child’s current Teacher or Learning Support Teacher, to complete. **Enrolment interviews cannot be held until this form is returned.**

SECTION 2

To be completed by current School **(STRICTLY CONFIDENTIAL)**

<table>
<thead>
<tr>
<th>Enrolment Support for:</th>
<th>Student Name: __________________________________________ Date: __________</th>
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</thead>
<tbody>
<tr>
<td>School:</td>
<td>Phone: __________________________</td>
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<tr>
<td>Name / position of person completing this report: __________________________________________</td>
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</tbody>
</table>

**Does the student have an impairment** in one of more of the following areas? (Please describe)

- Intellectual
- Physical/Medical
- Social/Emotional
- Visual
- Hearing
- Speech/Language
- Autistic Spectrum Disorder
- ADD/ADHD
- Learning Difficulty / disability
- Other

Does this student have a current verification? **YES_____ **NO_____ 

Name of Verification __________________________________________

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Is the student currently in receipt of funding?  
YES ______ NO ______

(Type CNTTP, Enhancement, other)

How many hours per week of Teacher Aide funding received? ____________________________

Is the student on an IEP?  
YES ______ NO ______

Does the student receive any extra support? (Please describe)

Teacher Aide ____________________________ hrs/week ____________________________

Learning Support Teacher ____________________________ hrs/week ____________________________

ESL ____________________________ hrs/week ____________________________

Speech Pathology ____________________________

Primary Guidance Counsellor ____________________________

Advisory Visiting Teacher ____________________________

Other ____________________________

Please provide the name and telephone number for the Special Education/Guidance Consultant presently involved with this student.

Name & Telephone No: ____________________________

Compared to other students, how does this student currently perform in the following areas?

<table>
<thead>
<tr>
<th></th>
<th>Well below average</th>
<th>Below average</th>
<th>Average</th>
<th>Above Average</th>
<th>Well above average</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Literacy</td>
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<td>Oral reading</td>
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<td>Comprehension</td>
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<td>Oral Language</td>
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<td>Numeracy</td>
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<td>Social Skills</td>
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<td>Handwriting</td>
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<td>Attitude</td>
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</table>

Talents/Interests ____________________________

General Comments: (Is there other information which would assist us with the enrolment and further education of this student at Seton College?)

Teacher’s Signature: ____________________________

Thank you for your support and cooperation in completing this form.  Chris Raju, Principal

After completing this form please post/fax to Seton College. Please enclose copies of any guidance or confidential reports etc. that may help with the enrolment and continuing education of this student.

All information is held in the strictest confidence.