

ATTACHMENT A

REQUEST FOR VERIFICATION TO ENROL

ATTENTION: Regional Manager School Support

Re: (Student name)

DOB:

Proposed Special School: (if known)

The student has been enrolled: Yes No

I have discussed the student's future programming needs with the student's parents/carers at a case conference held on

The eligibility requirements and enrolment process as outlined in the *Enrolment in Special Schools and Special Centres Guidelines* have been explained to the student's parents/carers.

The parents/carers have agreed to seek verification of their child's eligibility for enrolment at a Special School or Special Centre.

It is acknowledged that any enrolment within a Special School or Special Centre is temporary until such time as the enrolment has been verified and a verification notice is received by the school and parents/carers.

Attached are the relevant documents for your consideration.

Signature:

School principal:

Date:

Parent Permission:

I confirm that the information outlined above has been provided to me and I wish to seek confirmation of my child's eligibility to enrol in a Special School or Special Centre.

Signature:

Date:

Name:

Parent contact details:

Address:

Please forward to Regional Manager Student Support with the student's diagnosis reports and supporting documents