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| --- | --- | --- | --- | --- | --- | --- |
| Attachment A (To be completed by the school and parent/legal guardian) | | | | | | |
| **Child/ Student’s SURNAME:**  Click here to enter name | | **Child/ Student’s FIRST NAME:**  Click here to enter name | | | | **DOB:**  enter date. |
| **School currently enrolled at:** | | Click here to enter school | | | | |
| **Proposed Special School/Centre:** | | Choose an item. | | | | |
| **Territory Families involvement:** | | Yes  No | | | | |
| I have discussed the student’s future programming needs with the student’s parents/legal guardian at a case conference held on enter date., including the relevant education advisor.  The eligibility requirements as outlined in the *Special Schools and Special Centres Guidelines* have been explained to the student’s parents/legal guardian.  After carefully considering the wellbeing and educational needs of their child, parents/legal guardian have requested verification for eligibility for enrolment at a Special School/Special Centre.  Attached are the relevant documents for your consideration: | | | | | | |
| Student Wellbeing and Inclusion (SWI)  Student referred to SWI provide: | | | Student Wellbeing and Inclusion (SWI)  Student not referred to SWI provide: | | | |
|  | Diagnosis report  Personalised Plan (EAP, IBP, Risk Management Plan) | |  | Support Service Request (SSR)  Parent Consent Authority (PCA)  Diagnosis report  Personalised Plan (EAP, IBP, Risk Management Plan) | | |
| School Principal Name (print): | | | | | Date: | |
| School Principal Signature: | | | | | | |
| **Parent / Legal Guardian Permission: (Only legal guardian can provide consent)** | | | | | | |
| I confirm that discussions have taken place as outlined above and I wish to seek verification for eligibility for enrolment at a Special School /Centre.  I confirm that I am the legal guardian for this child/student. | | | | | | |
| Parent/ Legal Guardian Name (print): Date: | | | | | | |
| Parent/ Legal Guardian Signature: | | | | | | |
| Relationship to child/ student:  *E.g. Mother/ Father/ Territory Families Case Manager* | | | | | | |
| **Parent/ Legal Guardian contact details:** | | | | | | |
| Email: Phone: | | | | | | |
| Address: | | | | | | |
|  | | | | | | |
| Please forward to Student Wellbeing and Inclusion at [sesupport.det@education.nt.gov.au](mailto:sesupport.det@education.nt.gov.au) with the relevant documents. | | | | | | |