



# Expression Of Interest High Support Centres For Learning *for students with cognitive disability*

The Catholic Education, Diocese of Parramatta is committed to providing an inclusive education for students and recognises that some students with a moderate intellectual disability may need additional support.

The Centres for Learning are set in the context of three of our schools and provide students in the Diocese of Parramatta with an alternate platform for learning. The learning for students enrolled in the support class will reflect their needs and will, where appropriate include attendance in some mainstream classes.

The criteria for students seeking enrolment in the Centre for Learning are the same as for all students seeking enrolment in a Catholic school in the Parramatta Diocese (see enrolment policy).

Please complete the Expression of Interest form and return it to the Catholic Education, Diocese of Parramatta, Locked Bag 4, North Parramatta NSW 1750 or alternatively email to [studentservicesadmin@parra.catholic.edu.au](mailto:studentservicesadmin@parra.catholic.edu.au)

Phone inquiries to Alma George - 0407 233 622

**Nominate the Centre for Learning you are interested in**

- Kirinari**-located on the grounds of Xavier College, Llandilo (Years 7 - 12)
- Wiyanga**-located on the grounds of St Patrick's Marist College, 171 Kirby Street, Dundas (Years 7 - 12)
- Arrunga Special School**-located at St Luke's Catholic College, Marsden Park. Taking enrolments in 2020 (Years K -12)

**The calendar year the enrolment is to commence**

**If starting during the school year, please indicate the date you wish enrolment to commence**

	<b>2020</b>		<b>2021</b>		<b>2022</b>		<b>2023</b>
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**The school year of entry for which enrolment is requested**

K	1	2	3	4	5	6	7	8	9	10	11	12
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**Please Note: St Luke's Arrunga, Special School is the only option for Years K - 6**

## REQUIRED DOCUMENTS

Document Name	Parent Checklist
Psychometric Assessment	
ABAS	
Personalised Plan/ Individual Plan	
Latest school report from the previous school	
Medical Action Plan e.g. Asthma, Anaphylaxis (if applicable)	
Medical Plan e.g. Mental Health plan, Medication plan	
Behaviour Plan	

## STUDENT'S DETAILS

Family name:
Given names:
Date of birth:
Country of birth:
Gender <input type="radio"/> Male <input type="radio"/> Female

## FAMILY DETAILS - Other Children Enrolled in Catholic Schools

Please list below **in the order of birth** all children in the family who are attending school in the school year that enrolment is to commence, including the child for whom this application is being made.

	Birth Order	Given Names	Family Name	School Year	School Attending (School Name and Location)
Child	1				
Child	2				
Child	3				
Child	4				
Child	5				

## RESIDENTIAL DETAILS

<b>Student's home address:</b>	
Mailing title:	
Street number & name:	
Suburb:	Postcode:

<b>Mailing address (if different to above):</b>	
Mailing title:	
Street number & name:	
Suburb:	Postcode:

## CONTACT DETAILS

Details of Parent/Guardian	Father / Carer	Mother / Carer
Title (e.g. Mr, Mrs, Ms, Dr)		
Family name		
Given names		
Relationship to student		
Daytime/work phone number		
Mobile phone number		
Email address		
Occupation		
Religion		
Country of birth		
Nationality		
Language/s spoken		

## STUDENT MEDICAL DETAILS

Doctor's name:	Doctor's phone number:
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Address:
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Medicare number:	Private health fund:
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## MEDICAL CONDITIONS

Does your child suffer from any medical conditions?	<input type="radio"/> <b>Yes</b> (complete below) <input type="radio"/> <b>No</b>
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**If Yes**, specify all medical conditions the student suffers from, e.g. asthma, diabetes **and** any prescribed medication taken by the student:

Does your child have a medical plan for any of these medical conditions e.g. asthma plan?	<input type="radio"/> <b>Yes</b> (see below) <input type="radio"/> <b>No</b>
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**If Yes**, it is essential that you attach a copy of the medical plan to this enrolment application

## ALLERGIES

Does your child have any known allergies?	<input type="radio"/> <b>Yes</b> (complete below) <input type="radio"/> <b>No</b>
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**If Yes**, please list any known allergies the student has, e.g. allergy to nuts, penicillin, bee stings. Include **all** specific details:

## STUDENT'S PARISH AND SACRAMENTAL DETAILS

Current Parish:
Suburb:
Does your child attend parish: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

## RELEASE OF CONFIDENTIAL INFORMATION

Re:	(Child's name)
Date of birth:	
Permission granted by:	
_____	
(Name of person - please print)	
Relationship to child:	(Parent, guardian)
Information to be released to Catholic Education Office, Diocese of Parramatta	
To:	_____
(Name of agency the report is being requested from e.g. Dr X, Health Centre)	
I give permission for confidential information concerning:	
_____	
(Child's name)	
To be released to Catholic Education Office, Diocese of Parramatta.	
Signed:	Date: