

Child 3:

Child's Surname: _____ **Child's Given Name/s:** _____

Child's Date of Birth: ____/____/____ Male Female Current Yr Level _____ No. years at current school: _____

Proposed Entry Yr Level to MECS: _____ in 20____ Current School/Pre School _____

Principal's Name _____ Telephone (____) _____

Please advise us of the reasons that this child is leaving their current school: _____

Does this child have any social, emotional, physical or educational needs which require additional support? If yes, please specify: _____

Has your child has experienced any of the following?

- | | | |
|---|---|--|
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Self-esteem issues | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Literacy/numeracy concerns | <input type="checkbox"/> Issues requiring counselling | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Long-term medication: Type of medication _____ | Purpose _____ | <input type="checkbox"/> Social Concerns |

Please elaborate on any of the items ticked above, or any other information pertinent to this child:

Have any of the following services been recommended for your child?

Professional Support _____

Integration Support (Please include specific needs for funding and aide time in hours per week.)

Psychological Testing _____

Specific/Diagnostic, Educational Testing (such as WISC, Auditory, Visual etc.) _____

Has this child been suspended or expelled from their previous school or has he/she been under discipline there during their schooling years? Yes / No (please circle) If yes, please elaborate: _____

Child 4:

Child's Surname: _____ **Child's Given Name/s:** _____

Child's Date of Birth: ____/____/____ Male Female Current Yr Level _____ No. years at current school: _____

Proposed Entry Yr Level to MECS: _____ in 20____ Current School/Pre School _____

Principal's Name _____ Telephone (____) _____

Please advise us of the reasons that this child is leaving their current school: _____

Does this child have any social, emotional, physical or educational needs which require additional support? If yes, please specify: _____

Has your child has experienced any of the following?

- | | | |
|---|---|--|
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Self-esteem issues | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Literacy/numeracy concerns | <input type="checkbox"/> Issues requiring counselling | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Long-term medication: Type of medication _____ | Purpose _____ | <input type="checkbox"/> Social Concerns |

Please elaborate on any of the items ticked above, or any other information pertinent to this child:

Have any of the following services been recommended for your child?

Professional Support _____

Integration Support (Please include specific needs for funding and aide time in hours per week.)

Psychological Testing _____

Specific/Diagnostic, Educational Testing (such as WISC, Auditory, Visual etc.) _____

Has this child been suspended or expelled from their previous school or has he/she been under discipline there during their schooling years? Yes / No (please circle) If yes, please elaborate: _____

