

# Form 1A: Application for repeating a year level



Students attending St Simon the Apostle Catholic Primary School should progress to the next year level with their peers. Where a request to consider retention (repeating a year of school), a Program Support Group (PSG) meeting must be convened to carefully consider all the available information and any additional adjustments that could be made to the student’s educational program. A collaborative approach should be taken to review the student’s needs and to identify other educational options/strategies and supports that the school could offer instead of repeating a year level.

In exceptional situations, for example, due to student illness, personal family circumstances, or family relocation, schools may request that a student is granted an exemption to repeat a year level.

When considering if a student may benefit from repeating a year level, the Program Support Group should consider the student’s best interests, including factors such as the student’s age, academic performance, aptitude, ability and development, maturity social and emotional wellbeing, attitude, peer group support and dependence. Independent expert advice can be sought if necessary, from consultants, health or allied health professionals.

Research pertaining to year level retention (repeating) should also be considered (See St Simon the Apostle Catholic Primary School Retention Policy)

Where a close examination of the presenting factors has been conducted and the Principal forms that view that grade retention is in the student’s best interests, the completed application form should be forwarded to the Regional General Manager.

This application should be completed by the Program Support Group supported by the parent/s or guardian/s in consultation with relevant professionals and provided to the Principal. Where the Principal determines that repeating a year of school is in the best interests of the student, this form should be submitted to the Regional General Manager. In Victoria, compulsory schooling is from 6 – 17 years. St Simon the Apostle Catholic Primary School cater for students aged 5 – 12. Note that in a Melbourne Archdiocese Catholic Schools (MACS) school, students aged 13 years and over must be enrolled in a secondary school.

Name of School:	Principal:	Date of Application:
Child’s surname:	Female: <input type="checkbox"/> Male: <input type="checkbox"/>	
Child’s first name:	Current Year level:	
Date of birth:	Age:	
Please attach proof, e.g. child’s birth certificate, passport, ImmiCard or letter from doctor attesting to age.		

Has the child previously repeated a year level i.e. kinder, primary school or secondary school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent/guardian's name:		Relationship to child:	
Parent/guardian's name:		Relationship to child:	
Address:			
Contact number:		Email:	
Please provide full details of custodial parent/s, parenting orders, contact details for those with authority to enrol the child at school where this is a new enrolment.			

**PROVIDE EVIDENCE TO SUPPORT:**

<b>BEST INTERESTS CRITERION</b>
<p>In completing this application for retention of a year level, the following documentation has been considered: list relevant documentation here (e.g. academic records, psychologist report, medical report, teacher report etc.):</p>
<p>How is repeating a year of school in the best interests of this student?</p>

*Please provide details of the academic, social and emotional needs of the student that have been considered in making a recommendation to repeat a year of school.*

*Explain why this student will be at risk of long-term educational disadvantage if the application for retention is not approved.*

*Where relevant, please attach supporting documents such as school assessments, reports or letters from suitably qualified independent professionals, medical practitioners, educational psychologists or allied health professionals that may include observations of the student's development, language and communication, literacy, numeracy, academic, social ability and emotional maturity.*

Please List attached evidence to support the application

- Educational Psychologist professional report
- Allied Health professional report
- School assessments, reports or recommendations to support the request

Other:

**Application signed by:**

**Principal:**

Name: Signature: Date:

**Parent 1:**

Name: Signature: Date:

**Parent 2:**

Name: Signature: Date:

**Decision by Regional Office**

Decision Outcome:

Approved

Not Approved

Rationale for decision:

Regional General Manager:

Name:

Signature:

Date: