

St. Simon the Apostle Primary Minimum Age Exemption Application



Principal please forward completed application form, parent letter and supporting documentation to:
Executive Director
Melbourne Archdiocese Catholic Schools Ltd
PO Box 3
EAST MELBOURNE VIC 8002

This application should be completed by parent/s or guardian/s in consultation with relevant professionals and provided to the Principal for submission to the Executive Director of Melbourne Archdiocese Catholic Schools Ltd. Note that a student seeking enrolment in Victoria must turn five by 30 April in the year of starting school and early entry will only be possible where specific criteria are met.

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|---|--|-------------------------------|--|
| CHILD'S SURNAME | | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER |
| CHILD'S FIRST NAME | | YEAR OF INTENDED COMMENCEMENT | |
| DATE OF BIRTH | | AGE | |
| Please attach proof, e.g. child's birth certificate, passport, ImmiCard or letter from doctor attesting to age. | | | |
| 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. | | | |

1. Reasons for Early Entry

| SUITABLE ACADEMIC CRITERION | | | |
|--|--|---|---|
| Has your child been assessed as having a Full Scale Intelligence Quotient (FSIQ) \geq 130? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| The result of the FSIQ assessment must be at least 130 (i.e. two or more standard deviations above the mean), preferably using the Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition, Australian and New Zealand (WPPSI-IV A&NZ), including the 10 subtests required to calculate the FSIQ and Primary Index Scales, and conducted after the child has attained the age of 4:0 years. | | | |
| If yes, FSIQ score: | | Please attach a copy of the relevant cognitive assessment by an educational psychologist registered under AHPRA. Note: It is the responsibility of the parent/guardian to obtain the cognitive assessment. | |
| INTERSTATE TRANSFER CRITERION | | | |
| Is your child transferring from another school, either interstate or overseas? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Please attach a copy of proof of enrolment and attendance for more than one full term (3 months) at the other school and other relevant information such as attendance and school reports demonstrating academic ability. | | | |
| PREVIOUS SCHOOL'S NAME | | | |
| ADDRESS | | | |
| SUBURB | | POSTCODE | |
| PRINCIPAL'S NAME | | | |
| CONTACT NUMBER | | DATE OF INITIAL ENROLMENT AND YEAR LEVEL E.G. KINDER / PREP / FOUNDATION | |

In addition, please provide evidence to support:

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| BEST INTERESTS CRITERION |
| <p>How is early entry to school in the best interests of your child? Please provide details of the academic, social and emotional needs of your child, including any relevant information related to their school readiness Explain why your child would be at risk of long-term educational disadvantage if the application for early entry were not approved.</p> |
| <p>Please attach reports or letters from suitably qualified independent professionals such as Early Childhood Educator, Educational Psychologist or allied health professional that includes observations of the child’s development, language and communication, literacy, numeracy, academic, social ability and emotional maturity related to their school readiness. The documentation must recommend early entry to formal schooling and note the detrimental impact for the child should they not attend.</p> |
| <p><input type="checkbox"/> Early Childhood Educator report addressing developmental criteria <input type="checkbox"/> Educational Psychologist/Allied Health professional report addressing developmental criteria</p> |
| <p>What would be the impact on your child if an exemption is not granted? Please describe what the consequences would be for your child if early entry is not approved</p> |
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DECLARATION (to be signed by parent/guardian)

I declare that the information I have included in this form is true and correct, and that all relevant supporting documentation is attached. By submitting this form, you consent to the information contained within the form being shared with relevant Melbourne Archdiocese Catholic Schools Ltd. employees for the purpose of considering your child’s application.

| | | | |
|-----------|--|------|--|
| SIGNATURE | | DATE | |
| SIGNATURE | | DATE | |

2. Receiving Principal Endorsement

Documentary Evidence Checklist

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| Birth certificate, passport or ImmiCard indicating that the child will be at least 4 years 6 months of age on or before 30 April in the year of commencing school. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Copy of a cognitive assessment detailing a ≥ 130 Full Scale IQ (2 standard deviations or more above the mean) conducted post age 4. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If relevant, evidence from previous school regarding attendance and academic ability (e.g. full details of the previous school, date of enrolment, and year level, transfer notice, letter from principal). | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Proof that the academic program at the other school was equivalent to the Foundation (Prep) program offered by Victorian schools, e.g. school report. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Evidence from an authoritative independent source indicating suitable social, emotional and academic ability to attend school? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <ul style="list-style-type: none"> • observations academic, language/communication, literacy, numeracy skill | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <ul style="list-style-type: none"> • observations of social and emotional development; and | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <ul style="list-style-type: none"> • an assessment indicating risk of long-term academic disadvantage if the application for early entry is not approved. | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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|---|---|
| Do you endorse the child for early entry to school? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Please provide reasons for your answer. | |

DECLARATION. (to be signed by the principal)

I declare that the information I have included in this form is true and correct, and that all relevant supporting documentation is attached.

| | | | |
|----------------|--|------|--|
| PRINCIPAL NAME | | | |
| SIGNATURE | | DATE | |

3. MACS Executive Director (or delegate) decision

| | |
|--|--|
| <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED | |
| Comments | |
| SIGNATURE | |
| NAME | |
| POSITION | |
| DATE | |