

INDEPENDENT SCHOOLS BOARD
CATHOLIC EDUCATION SA

STUDENT TRANSFER ADVICE

Part 1

Box 1 To the Principal

School		Email or Fax	
Re: Student Name		Date of Birth	
The above student enrolled at	St Peter's Girls' School	on	
Address	Stonyfell Road, Stonyfell		
Phone No	8334 2200	Email or Fax	
		*School No	
		*District	

*DECD schools only

To assist successful enrolment, please provide the following information by return email or fax.

Box 2 Student Information

EDSAS ED ID (DECD schools only):	
Current level of schooling	
Previous (Care Group/Class) Teacher	
Person to contact for further information on this student if required	
Previous Schools	

Place 'x' in box which applies

Aboriginal/Torres Strait Islander	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Non English Speaking Background:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
School Card:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Fees to be passed on:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Amount (if immediately known)	\$ <input type="text"/>

Support given to assist this student:

Behaviour concerns	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, support provided by:		
Behaviour Support Team	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Alternative Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Attendance Concerns	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Guidance Assessment	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Guidance Referral	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NCP Support Provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Interagency referral	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Class Teacher	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Counsellor	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Administration	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Negotiated Curriculum Plan	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Speech/Hearing Assessment	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Speech/Hearing Referral	YES <input type="checkbox"/>	NO <input type="checkbox"/>
English as a Second Language Support	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Support Program School Based	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Details	
Any Other Comments:	

Box 3

CONSENT: To be completed when transfers are from:

1. Non-government to government school
2. Non-government to non-government school
3. Government to non-government school.

I hereby give my consent for the principal to obtain, from the student's previous school, information which will assist in the provision of an appropriate educational program. I understand the information will be accessed by the principal and the classroom teacher(s) at the new school on a "need to know" basis.

Signature of Custodial Parent or Guardian_____
Date

STUDENT TRANSFER ADVICE

Part 2

Information

New school:

- 1 Completes the information in Box 1 on Part 1 at the same time as enrolment information is being collected.
- 2 Obtains consent from custodial parent or guardian where necessary.
- 3 Faxes Parts 1 and 2 to student's previous school on the day of attendance.

Previous school:

- 1 Completes the information in Box 2 on Part 1 – immediately.
- 2 Returns Part 1 of this form by email or facsimile to the number shown in Box 1 on the day it is received.
- 3 Returns Part 2 of this form, together with appropriate information or copies of information, within two weeks of receipt.

Government schools:

- 1 Must transfer original student records to another government school. There should be only one student record folder per student.
- 2 Must send only **copies** of original student records to non-government schools (under State Records Act 1997).
- 3 Must gain the **consent** of a parent/guardian before disclosing any information about a student to a **non-government** school, either on Part 1 of this form or sending copies of student records (Information Privacy Principles, Department of Premier and Cabinet Circular No.12). Use the consent statement on Part 1, completed at the time of enrolment.

Non-government schools:

- 1 May also wish to send copies of student records and maintain originals.
- 2 Must obtain the **consent** of a parent/guardian before sending information to either a government or non-government school. Use the consent statement on Part 1, completed at the time of enrolment.

Box 4 – From the Principal

School			
Re: Student Name		Date of Birth	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>
EDSAS ED ID (DECD schools only):	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>		
Date of last attendance at this school	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>		
Is the student in receipt of any financial assistance other than School Card?			
		Eg. Youth Allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>
		Isolated Children's Allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>
		Other*	YES <input type="checkbox"/> NO <input type="checkbox"/>
*If Yes, please state type of assistance			

Previous school completes either Box 5 or Box 6. Do not complete both boxes 5 and 6.

Box 5 – for all transfers from government school to government school

- 1 Provide other information which would assist the provision of an educational program for this student. This information may include detail of attendance, special programs, support from other agencies, early intervention programs. Please attach as necessary.

- 2 **Either** ☐ the amount of \$[] is enclosed, being the transfer of fees
Or ☐ school fees have already been refunded to parents/guardians. (Please indicate one)

- 3 The student record folder is attached.

- 4 Attach any other information you wish to supply.

Information supplied _____ / /
Principal Date

Box 6 – for all transfers from non-government school to government school
non-government school to non-government school
government school to non-government school

Provide other information which would assist the provision of an educational program for this student. This information may include details of attendance, special programs, support from other agencies, early intervention programs. Please attach information as necessary and obtain the permission of the custodial parent or guardian (see information above).

Information supplied _____ / /
Principal Date