

## Year 11 - 2020 Enquiry and student information

Email: [hallam.senior.sc@edumail.vic.gov.au](mailto:hallam.senior.sc@edumail.vic.gov.au)

Dear Parents/ Guardians,

Thank you for your interest in Hallam Senior College and the possibility of enrolment. We are requesting parents/guardians complete this form and provide any other relevant information to determine if your child is successful in obtaining a place at Hallam Senior College in 2020.

This form and any supporting documentation is required to be returned to the College by September 20<sup>th</sup> 2019. Families will be contacted in early Term 4 to advise if your child has been successful.

### **Entry to Hallam Senior:**

- 1 Complete and return this form
- 2 Please ensure the College has received your child's 2019 Semester 1 report
- 3 The student and a parent/guardian will be invited to complete subject selections and meet leadership staff at the College
- 4 Students attend the Year 11 transition program between November 25<sup>th</sup> and December 6<sup>th</sup>. Hallam uniform is not required for transition. Detailed information will be mailed out closer to the time.

Paperwork can be returned to the General Office via Gate 1 at the College or via the school email at [hallam.senior.sc@edumail.vic.gov.au](mailto:hallam.senior.sc@edumail.vic.gov.au) or via mail to PO Box 5031 Hallam 3803, Attention Enrolment Co-ordinator.

### **Student Details**

Surname	
First Given Name	Preferred Name
Home address	
Current school	

### **Family Details**

Surname	
First Given Name	Preferred Name
Phone number	
Home address (if different to above)	
What is the preferred language spoken at home?	

## Values and aspirations

How would you rate your child, as a young adult, in relation to these key Hallam Values and Effective Learning Behaviours?

- 5= Very High / Demonstrates consistently  
4= High / Demonstrates regularly  
3 = Reasonable / Demonstrates sometimes  
2= Low / Demonstrates rarely  
1= Very Low / Never demonstrates

	Responsibility (for self and behaviour)
	Respect (for self and others)
	Resilience (related to learning)
	Readiness (Prepared for Learning)
	Relationships

Provide up to two reasons why you are seeking a place at Hallam Senior College

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## Social and Emotional

### Living Arrangements

Your child lives with:

Both parents  One parent  Other please specify  \_\_\_\_\_

### Friendship Group

Your student has a group of *close* friends coming to Hallam Senior College (or has close friends already at the College)

Yes  No  If Yes, list up to 4 friends

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Transition to Hallam Senior

How would you rate your child's resilience in adapting to new environments and challenges?

e.g Transition into and through secondary school – please tick the appropriate box.

1  Significant Issue      2  Maybe an issue      3  Unsure      4  Will cope      5  Will cope easily

Anxiety is an issue for some students. Has your child suffered from any bouts of anxiety in the last two years?

No  Yes  if yes please explain what caused the anxiety

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Bullying can occur in a school environment. Has your child been subjected to bullying over the last two years?

No  Yes  If Yes what help did your child receive?

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Has your child participated in professional counselling?

No  Yes  if yes please indicate the nature of the counselling and name of the

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Has your child been assessed by any of the following professionals?

- Psychologist
- Speech Therapist
- Occupational Therapist

If yes please indicate the reason

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If you have answered yes to any question in section 2 it is important that Hallam Student Support staff have access to as much up to date information as possible. Please provide any current assessments, evidence or reports from relevant health or wellbeing staff as well as completing the 'Authority for Release of Information' on page 5 of this document.

## Academic

A significant amount of information about your child will come from discussions with your current school, however there may be other information that you wish to provide:

How many primary and secondary schools has your child attended?

One  Two  Three  Three +

Has your child been undertaking extra tuition in the last two years?

No  Yes  If Yes, what form of tuition has your child received?

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Has your child regularly completed homework during the junior years of secondary school?

No  Yes  If Yes, what would be the weekly amount?

1 hour  1 to 2 hours  2 to 3 hours  3 + hours

Has your child specific academic strengths/ weaknesses that you would like us to know about?

No  Yes  If Yes, provide details

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Does your child speak any languages other than English at home?

No  Yes  If Yes, provide details

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## Sport Profile

Have you lodged a Hallam Sports Academy application for 2020? No  Yes

Has your child participated in formal sport over the last 12 months No  Yes

If Yes, provide details in the table below:

Sports	Club or Association	Level of participation
e.g Netball	Hallam Netball Club Under 16	Club and regional

## Performing Arts Profile

Has your child participated in a formal Performing Arts program over the last 12 months? No  Yes

If Yes, provide details in the table below:

Performing Arts Form	Participation	Level of proficiency
e.g Guitar Lessons	Weekly lessons at school	
e.g Dance/ Ballet Lessons	Three times per week at Mathiesons	

## Community Profile

Is your child a member of a community club other than sport or performing arts? No  Yes

If Yes, provide details in the table below:

Club	Participation	Level of proficiency
e.g Scouts	Weekly	Queen Scout

## Parent Involvement

a. Have you or your partner been involved in school based activities? No  Yes  If Yes, provide details.

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b. Would you be interested in joining the Hallam Senior College School Council? No  Yes  Maybe

## Further Information

Is there any other information that you believe is important for Hallam Senior College to consider?

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# Authority For Release Of Information

I \_\_\_\_\_  
(Parent / Guardian/ Primary Carer/Independent Student)

authorise \_\_\_\_\_  
(Name of previous school / Name of service provider)

to release information about \_\_\_\_\_  
(student's name)

to the contacts listed below.

This information is to be used for the purposes of assessment, counselling and / or support.

**I agree** to information being released to the following people/ professionals (please tick)

  
  
  

Hallam Student Support Services staff  
Hallam Sub School Staff (homegroup)  
External Service Providers  
Allied Health Practitioners

  
  
  

Other Education Providers  
Employment Services  
Department of Human Services  
Medical Officers

**I do not agree** to information being released to the following people/ professionals

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The parent/ legal guardian gives consent for any Psychology, Speech, Social Worker file to be transferred to Hallam Secondary College.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

# Speech Pathology Consent Form

Student Name	Date of Birth
School Hallam Senior College	Year Level in 2020

Speech Pathology aims to support students' language and learning, general communication and social skills relevant to school and everyday communication situations.

This may involve assessment, therapy, consultation with teachers and other student support staff.

Speech Pathology also assists the College to plan and identify support regarding the students' individual education needs.

Please note this form is for consent to gather information from school staff to support a Speech Pathology referral.

If a referral is recommended and accepted by Speech Pathology, you will be contacted either by phone, email or Compass to develop a speech therapy plan.

**Parental concerns:**

Please indicate any concerns regarding language and communication skills (listening, speaking, reading, writing, social skills, speech)

**Consent**

I consent for the Speech Pathologist employed at Hallam Senior College to share relevant student information and reports with school staff and other professionals in the course of speech therapy management. For example, handover from previous/ future schools, work agencies etc.

Parent/Guardian 1 Name:	Parent/Guardian 2 Name:
Phone:	Phone:
Email:	Email:
Signature:	Signature:
Date:	Date:
Student signature (optional)	