

Enrolling school only to complete

Please complete and sign this form as a true and accurate record. Keep records pertaining to this referral for audit purposes.

PLEASE FAX THIS FORM TO THE LOCAL MINISTRY OF EDUCATION OFFICE



MINISTRY OF EDUCATION

Te Tāhuhu o te Mātauranga

Alternative Education Verification Form

The purpose of Alternative Education (AE) is to provide new learning opportunities for students aged 13-15 who have become alienated from education

Student Information

Surname:		First Names:	
Date of Birth:	Gender: M F	Ethnicity:	
Most recent school attended:	Current Year Level:	Iwi:	

Eligibility Criteria

Students must be over 13, and under 16 years, and one or more of the following alienation criteria must apply for the student to be eligible for AE. Tick the criterion that this student's situation meets. If a student does not meet the criteria please refer to the best practice guidelines for alternative options.

<input type="radio"/> Out of registered school for two terms or more <i>Confirmed last date of attendance</i> _____ <i>Has a notification been made to the Non Enrolled Truancy Service (NETS)?</i> Y N	<input type="radio"/> Multiple exclusions and enrolment refused by local schools (more than one school in urban; 1 plus other factors in rural) <i>Please list schools excluding or refusing enrolment:</i> <i>Excluding schools:</i> _____ <i>Refusing schools:</i> _____
<input type="radio"/> Dropped out of The Correspondence School (TCS) after enrolment in either Category C or D. <i>Dates of enrolment with TCS</i> _____	
<input type="radio"/> *Case Conference A- absent for at least 1/2 of the last 20 school weeks (for reasons other than illness) and the absence has meant they are unable to maintain a mainstream programme (Please attach the minutes of the case conference meeting including attendees, agencies represented and contact details of attendees.	<input type="radio"/> *Case Conference B- suspended and risks further suspension (Please attach the minutes of the case conference meeting including attendees, agencies represented and contact details of attendees

Rationale for the student placement in Alternative Education :

School Information

School the student is enrolled while in AE: _____ AE Managing school (if different): _____ AE Provider (if known): _____	
Enrolling School Declaration: I state that, to the best of my knowledge and belief, all the information on this form is correct at this time.	
Name:	Position:
Phone:	Fax:
Signed:	Date:
<i>Contact person for further information:</i>	
Name:	Position:
Phone:	Fax:
Email:	