

Alternative Education Verification Form 2011/12
THIS FORM NEEDS TO BE FAXED TO MOE WITHIN 30 DAYS OF
COMPLETION TO CONFIRM VERIFICATION FOR AE

Student Information

Surname:		First Names:	
Date of Birth:	Gender: M F	Ethnicity:	
Most recent school attended:	Current Year Level:	Iwi:	
Brief comments on situation: <i>Eg currently suspended/excluded/nets etc</i>			START DATE IN AE <i>(If known)</i>

Eligibility Criteria

Students **must be** over 13, and less than 16 years, enrolled in a secondary school and one or more of the following alienation criteria **must** apply for the student to be eligible for AE.

Important: Tick the criteria that refers to this student:

<input type="checkbox"/> Out of registered school for two terms or more <i>Confirm last date of attendance ___ / ___ / ___ Notification made to non enrolled truancy? Y / N</i>	<input type="checkbox"/> Dropped out of Te Kura o te aho Pounamu (TCS) after enrolment as an At Risk Student <i>Dates of enrolment with TCS ___ / ___ / ___ to ___ / ___ / ___</i>
<input type="checkbox"/> Excluded and enrolment refused by local schools <i>Please list schools excluding or refusing enrolment: Excluding school: Refusing schools:</i>	<input type="checkbox"/> *Case Conference A – absent for at least ½ of the last two terms (for reasons other than illness), interventions have been tried, but the absence has meant they are unable to succeed in other schooling provisions (school attendance print out must be attached)
<input type="checkbox"/> *Case Conference B – been suspended and risks further suspension <i>Date of current suspension ___ / ___ / ___ Reason for suspension:</i>	<input type="checkbox"/> *Case Conference C – Alienated. At any one time 20% of students do not have to fit one of the first five criteria above but in the professional opinion of the school, AE is currently the best option for the student. Note – to use this criteria a case conference <u>must</u> be held and prior interventions and reason for AE referral documented and attached to this form. As only 20% of students in AE can be placed using this criteria you need to check with the AE manager as to whether this quota is full.

***IF CASE CONFERENCE criteria – Page 2 MUST be completed for verification approval**

School Information (please complete all sections)

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:

MINISTRY OF EDUCATION USE ONLY

CASE CONFERENCE INFORMATION SHEET

Required where a young person is referred for verification to AE under criteria case conference A, B or C

Note: ideally, as well as the school, caregiver, and AE Manager at least one agency will have also been party to the discussions and the decision to refer to AE

EITHER: Attach Minutes of Case Conference Meeting or complete the box below

Case Conference Notes	Date of Meeting: __ / __ / __	
Participants	Agency/ Role	Phone Number

Reasons for enrolment in alternative education:
As appropriate – please comment on:

- SDS history
- Nets history
- Serious school incidents leading to alienation (and dates)
- School interventions (and dates)
- Reason why the decision has been made to verify as 'alienated'.

(Please continue on a separate sheet if required)

Please provide any further information that may have a bearing on this application:

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