

Student Eligibility Form

Mastery Schools Australia (MSA) operates independent Special Assistance Schools across Australia in line with relevant state-based education requirements. Our schools support students who are disengaged from their current schooling environment and would benefit from MSA’s structured, evidence-based approach to learning.

The information collected in this form assists the school in determining enrolment eligibility, planning appropriate learning support, and meeting relevant regulatory requirements.

SECTION 1: STUDENT DETAILS

Full Name:	Address:
Date of Birth:	Parent/Carer Name:
Current Year Level:	Parent/Carer Phone & Email:

SECTION 2: INFORMATION PROVIDER

<input type="checkbox"/> Previous School	<input type="checkbox"/> Community or Government Agency
<input type="checkbox"/> Health/Allied Health Professional	<input type="checkbox"/> Other (expand): _____

Name and Position:
Organisation/School:
Contact Details:
Position/Relationship to the Student:

*information above may be sighted by regulators for audit purposes only and is otherwise protected in accordance with the School’s Privacy Policy.

SECTION 3: EDUCATIONAL ENGAGEMENT

Is the student disengaged, or at risk of disengaging, from their schooling environment?

- Yes
- No (this student is not eligible for MSA)

If yes, please select the factors below that contribute to the student’s disengagement (you may choose more than one):

<input type="checkbox"/> Learning Difficulties <input type="checkbox"/> Mental Health <input type="checkbox"/> School Refusal <input type="checkbox"/> Diagnosis	<input type="checkbox"/> Other (please explain):
---	--

SECTION 4: GENERAL INFORMATION

Does the student have an official diagnosis that you're aware of?

<input type="checkbox"/> Yes (choose from the below): <input type="checkbox"/> Dyslexia (impairment in reading) <input type="checkbox"/> Dyscalculia (impairment in mathematics) <input type="checkbox"/> Dysgraphia (impairment in writing) <input type="checkbox"/> Oppositional Defiant Disorder (ODD) <input type="checkbox"/> Depression <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/> Autism Spectrum Disorder (ASD) <input type="checkbox"/> L1 <input type="checkbox"/> L2 <input type="checkbox"/> L3 <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Sensory Processing Disorder <input type="checkbox"/> Other (please explain):
<input type="checkbox"/> No, continue to next question	

Does the student have any identified or known learning support needs?

<input type="checkbox"/> Yes (please provide details):
<input type="checkbox"/> No, continue to next question

Is the student currently being assessed for or suspected of any further diagnosis that has not been formally diagnosed yet?

<input type="checkbox"/> Yes (provide details if known):
<input type="checkbox"/> No, continue to next section

SECTION 5: CONSENT & INFORMATION SHARING

I confirm that the information provided is accurate to the best of my knowledge and is shared for the purpose of educational planning and enrolment assessment.

Information Provider Signature: _____ Date: _____

Parent/Carer Signature: _____ Date: _____

SECTION 6: PRINCIPAL REVIEW (Internal Use Only)

I have reviewed the above information and confirm:

The student **meets** the eligibility criteria for enrolment within the school's registration scope

Or

The student **does not** meet eligibility criteria for enrolment within the school's registration scope

MSA Principal Approval Stamp: _____ Date: _____

