



Section A: Important information

This form is to be completed by the **student's most recent school** in order to determine a student's eligibility for enrolment with Virtual School Victoria (VSV) under the medical category. Please see **page 11** for further information on eligibility requirements.

VSV recognises that a shared enrolment is often a viable option to provide a strong framework for sustaining wellbeing supports and learning outcomes for students. For further information, please see page 54.

Full-time enrolment at VSV requires the student to be withdrawn from the environment of your school and its learning and support systems, to undertake study through online learning platforms from their family home, under the supervision of a parent/carer.

Enrolment is for the current academic year only.

VSV does not receive funding through the Victorian or Commonwealth student disability support funding programs (PSD, NCCD, DI).

Students enrolled at Virtual School Victoria require supervision by a parent or carer. Supervisors are required to perform a range of duties including:

- facilitating communication between the student and teachers
- ensuring age appropriate adult supervision of the student
- engaging with material provided by VSV both in a written and verbal format
- ensuring that the student has access to a telephone, computer, reliable internet connection, and suitable work area
- supporting the student to engage and participate in the learning program and the wider school community
- ensuring the student submits work in accordance with the prescribed or negotiated submission timetable.

2023 School Referral Form



Section B: Information to determine a student's eligibility and support their enrolment

School Details	
School Name: <input style="width: 90%;" type="text"/>	Principal: <input style="width: 90%;" type="text"/>
Region: <input style="width: 50%;" type="text"/> Phone: <input style="width: 50%;" type="text"/>	School type: <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Independent
Email: <input style="width: 95%;" type="text"/>	
Student Details	
Name: <input style="width: 80%;" type="text"/>	Date of Birth: <input style="width: 20%;" type="text"/>
Gender: <input style="width: 50%;" type="text"/> Year Level in 2023: <input style="width: 20%;" type="text"/>	Length of enrolment at your school: <input style="width: 20%;" type="text"/> Parent/Carer Phone: <input style="width: 100%;" type="text"/>
Parent/Carer Name: <input style="width: 95%;" type="text"/>	
Please indicate the student's previous school/s if less than one year: <input style="width: 95%;" type="text"/>	
Reason for referral to VSV: <input style="width: 95%;" type="text"/>	
Has this student been assessed for funding through the DET Program for Students with Disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Has this student been approved for funding through the DET Program for Students with Disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If YES please indicate PSD category: <input type="checkbox"/> Physical <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Severe behaviour disorder <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Severe language disorder	
Level of funding approved: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6	
Has this student been approved for funding through the Commonwealth NCCD? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If YES please indicate NCCD category: <input type="checkbox"/> Physical <input type="checkbox"/> Cognitive <input type="checkbox"/> Sensory <input type="checkbox"/> Social/emotional	Level of funding approved: <input type="checkbox"/> Supplementary <input type="checkbox"/> Substantive <input type="checkbox"/> Extensive
Has this student been approved for Disability Inclusion Funding and Support? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is the student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander If Yes, please provide a copy of the student's IEP/ILP. <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander	
What is the student's living arrangement? (Tick one) <input type="checkbox"/> At home with TWO Parents/Carers <input type="checkbox"/> At home with One Parent/Carer <input type="checkbox"/> Homeless Youth <input type="checkbox"/> Independent <input type="checkbox"/> Out of Home Care – informal If the student is in OOH, please provide a copy of their IEP/ILP*. <input type="checkbox"/> Out of Home Care* – statutory/court-ordered <input type="checkbox"/> Out of Home Care – permanent care	
Is the student currently involved with Youth Justice (in custody, remand or sentence, or in community)? If Yes, please provide a copy of the student's IEP/ILP. <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) _____	

2023 School Referral Form



Evidence of the implementation of a Staged Response and the student's inability to attend a mainstream school

Stage 1 – Early identification and intervention	
When did you last see this student?	
How regularly has the student been attending classes?	
What are the main factors affecting the student's attendance and engagement with learning?	

Stage 2 – Intervention strategies	
How has the student's learning program been modified?	
Has a Student Support Group (SSG) been established? Provide details and attach most recent meeting records and plans.	
Has a consultation/referral occurred with the DET Health, Wellbeing & Inclusion workforce or equivalent Catholic/Independent system?	
Have agency or community service referrals been made? Provide details (including key names, contact details, outcome of referrals and time frames).	

School Transition information	
What steps are planned to support the student to return to your school or another appropriate pathway?	
What time frame do you believe will be required to enable this?	<input type="checkbox"/> By mid-2023 <input type="checkbox"/> By the end of 2023 or beyond
Please attach the following documents to this referral (please tick).	<input type="checkbox"/> The student's most recent school report <input type="checkbox"/> Career Action Plan (if available) <input type="checkbox"/> NAPLAN report (if available) <input type="checkbox"/> Individual Learning Plan (if relevant) <input type="checkbox"/> SSG minutes <input type="checkbox"/> PSD/DI Assessment/approval reports

2023 School Referral Form



School contact To liaise with VSV regarding student progress and possible reintegration to mainstream school	
Name: <input type="text"/>	Role: <input type="text"/>
Phone: <input type="text"/>	
Email: <input type="text"/>	

Section C: Endorsement of the enrolment	
Schools intending to refer students from mandated cohorts (Aboriginal and Torres Strait Islander, Out of Home Care, PSD/DI/NCCD funded students and students, who are working two years or more below the expected level for their age in both literacy and numeracy), must liaise with VSV at the time of submitting an enrolment application.	
I recommend withdrawal from mainstream schooling and having a full enrolment with VSV.	<input type="checkbox"/> No <input type="checkbox"/> Yes
I recommend a shared enrolment with VSV and an appropriate mainstream school.	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what time fraction at VSV? _____	
_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please provide a copy of our shared enrolment form	
I have obtained the consent of the parent/carer or independent student to provide this information to the Department of Education and Training and VSV.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please provide a copy of the student's current VASS statement to verify completion of past VCE subject/s. VASS Statement included.	<input type="checkbox"/> No <input type="checkbox"/> Yes
I believe the parent/carer is capable of meeting the supervisor requirements.	
I accept that after two terms or six months the referred student's progress will be evaluated for the continued suitability in the VSV program. If after this time the student has been continually unable to engage in their individual learning program, the student will be referred back to their original mainstream school.	
Principal's Signature: _____	Date: _____

Once completed, this form can be returned to the parent/carer or sent directly to VSV via post, fax, or email:

Post:

Virtual School Victoria
315 Clarendon Street,
Thornbury, VIC 3071

Fax:

(03) 9416 8487

Email:

enrol@vsv.vic.edu.au

All information obtained in this form is dealt with in accordance with VSV's Privacy Policy and the Department of Education and Training policies and procedures regarding privacy and record keeping. Queries can be addressed to the VSV Enrolment Office on (03) 8480 0000.