

COMPULSORY CONCILIATION CONFERENCE APPLICATION FORM

Name of School:
Principal name and contact details:
Student name and DOB:
Parent(s) name and contact details - please include address (and email if available):
Social Worker or other relevant person/s name and contact details:
Any person/s or organisation which the school believes the Registrar should consider inviting to the conference:
Does this student have any diagnosed health issues? If so please indicate.
Has the student attended or been referred to any alternative education programs?

Before sending this form, ensure you have included the following:

- Summary
- Chronological history of interventions
- Other information as outlined in the 'Guidelines for Schools – Referral for a Compulsory Conciliation Conference.'

Signature of Principal:

Signature of Administrative Authority
(School Governing Body):

PLEASE ENSURE ENDORSEMENT BY ADMINISTRATIVE AUTHORITY BEFORE SENDING TO
THE OFFICE OF THE EDUCATION REGISTRAR