**Enrolling school and managing school to complete**

Once completed, sign and send to your local Ministry of Education office for assessment.

## Application to remain in Alternative education past 16 years of age

In exceptional cases it may be in a student’s best interest to remain in Alternative education (AE) beyond the current exit age of 16.

The enrolling school should use this form to make an application to the Ministry for the student to remain in AE.

The Ministry will evaluate applications on a case-by-case basis. Applications may be approved if it is shown that an extended stay will enable a successful transition back to school, further education, training or employment.

**Student Information**

|  |  |  |
| --- | --- | --- |
| Surname: | | First names: |
| Date of birth: | Gender:  M F | Date of enrolment in AE: |
| Current year level: | NSN: | Expected new end date to achieve successful transition: |
| What progress has the student made in achieving the goals set out in their ILP? (please attach a copy of their ILP) | | |
|  | | |
| How will remaining in AE benefit the student? | | |
|  | | |
| What is their transition plan? What goals are they aiming for? | | |
| Dates for end of term case conference(s): | | |

Students are eligible to enrol in alternative education if they are aged 13-15 years. They are able to remain in alternative education until the end of the year in which they turned 16.

**Managing school to complete**

|  |  |
| --- | --- |
| Sufficient funded space is required to allow the student to remain in AE without taking the place of another student of an eligible age. Please provide information to support this below. | |
| Total number of alternative education places funded |  |
| Number of enrolments at date of application |  |

**Signed agreement**

|  |  |
| --- | --- |
| By signing below you agree that remaining in AE past the age of 16 is in the best interest of the student and commit to proactively supporting the student to achieve their ILP goals and transition back to school or on to further education, training or employment.  If this application is approved, you agree to participate in a case conference at the end of every term to review the student’s progress against their ILP and assess suitability of remaining in AE in the next term. | |
| **Enrolling school**  School name: | |
| Key contact: | Position: |
| Signed: | Date: |
| **Managing school**  School name: | |
| Key contact: | Position: |
| Signed: | Date: |
| **Student and whānau**  Student signature: | |
| Whānau member name: | Relation to student: |
| Signed: | Date: |
| **MINISTRY OF EDUCATION USE ONLY**  **DECISION:** Approve Decline Further information required  **COMMENT (optional):**  **AREA OFFICE SIGNATURE**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  **Director of Education (Full Name) Signature Date** | |