## **Baldivis Secondary College**



## Expression of Interest for Enrolment into the Specialised Learning Program Autism (SLP-A) - 2025

FOR ENTRY INTO	☐ Year 7	☐ Year 8	☐ Year 9	☐ Year 10 ☐	l Year 11	☐ Year 12
Completed applications can be or posted to: Program Coordinator Autism Specialised Lea Baldivis Secondary Coll Stillwater Drive BALDIVIS WA 6171	rning Program	to the College Administr	ration, emailed to	o <u>kajal.moodley@edu</u>	cation.wa.edu.a	<u>1</u>
SECTION 1: STUDENT	DETAILS					
Legal Family Name (as per Birth Certificate)						
Legal Given Names (as per Birth Certificate)						
Preferred Last Name						
Preferred First Name						
Gender	☐ Male ☐ I	Female 🔲 Other	Date of Bi	rth		
What school is the student currently attending?	Please provide NAME of CURRENT or MOST RECENT school attended.					
Name of current class teacher/s						
SECTION 2: PARENT/CARER DETAILS						
Parent/Carer Last Name						
Parent/Carer First Name						
Contact Telephone:	Home:		Mobil	e:		
Contact Email:						
SECTION 3: STUDENT ADDRESS DETAILS						
Main place of residence						
Address Line 1						
Address Line 2						
Suburb/town			State		Postcode	
Mailing Address (If the walls	ag addrage is the	samo as the main place	of residence place	oco writo (AC ABOVE)		
Mailing Address (If the mailing address is the same as the main place of residence please write 'AS ABOVE')  Address Line 1						
Address Line 2						
Suburb/town			State		Postcode	

SECTION A: DADENT/O	ADED DECLADATIONS			
SECTION 4: PARENT/CARER DECLARATIONS				
NOTE: If you agree with each statement tick each box, then sign below.				
I submit this form with the understanding my child:				
☐ is academically capable of understanding and coping with grade level content and tasks.				
does not have an intellectual impairment.				
□ can manage their behaviour independently or by using predetermined prompts and strategies.				
□ can independently manage personal care requirements.				
☐ will be provided with safe transport to and from the Specialised Learning Program.				
☐ I have attached the following documentation to support this Expression of Interest:				
☐ Photocopies of my child's three most recent full school reports.				
☐ Most recent NAPLAN report.				
☐ Diagnosis of Autism Spectrum Disorder (Photocopied reports from relevant professionals).				
☐ Other medical/ diagnosis (Photocopied reports from relevant professionals)				
□ Proof of Address				
☐ Signed Permission to Release and Exchange Information Form (attached)				
Name of person completing				
application				
Relationship to Student				
Signature				
Date				