

Expression of Interest for Enrolment into the Specialised Learning Program Autism (SLP-A) - 2027

For entry into: ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10 ☐ Year 11 ☐ Year 12

Completed applications can be hand delivered to the College Administration, emailed to kajal.moodley@education.wa.edu.au or posted to:

Program Coordinator
Autism Specialised Learning Program
Baldivis Secondary College
Stillwater Drive
BALDIVIS WA 6171

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 ☐ Female ☐ Other	Date of Birth	
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: STUDENT ADDRESS DETAILS

Main place of residence				
Address Line 1				
Address Line 2				
Suburb/town		State		Postcode
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

PARENT/CARER 1

Parent/Carer 1 - Last Name			
Parent/Carer 1- First Name			
Contact Telephone:	Home:	Mobile:	
Contact Email:			
Parent Signature:			

PARENT/CARER 2		
Parent/Carer 2 - Last Name		
Parent/Carer 2 - First Name		
Contact Telephone:	Home:	Mobile:
Contact Email:		
Parent Signature:		

SECTION 3: PARENT/CARER DETAILS		
Are there any current Family Court or other court orders concerning the welfare, safety or parenting arrangements of your child/children?	☐ Yes ☐ No	If YES, please provide a copy of any relevant current court order

SECTION 4: ENROLMENT APPLICATIONS		
Are you applying at another Specialised Learning Program – Autism?	☐ Yes ☐ No	If YES, which one?

SECTION 5: PARENT/CARER DECLARATIONS	
NOTE: If you agree with each statement tick the 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 manages personal care requirements. - Will be provided with safe transport to and from the Specialised Learning Program.	
☐ I acknowledge that ongoing participation in this program will depend upon: - Participation in a formal process conducted annually to map your child's progress against success criteria and to review ongoing program suitability to meet their needs. - Participation in a formal person-centred planning program to assess and plan for your child's senior school and post-school pathway. - Your child exiting the program and transitioning into the mainstream school when they meet the success criteria. - Engagement with and support of the goals and aims of the Specialised Learning Program.	
☐ I have attached the following documentation to support this Expression of Interest: - Photocopies of my child's four (4) most recent full school reports (last two years). - Most recent NAPLAN report. - Diagnosis of Autism Spectrum Disorder (Photocopied reports from relevant professionals). - Other medical/ diagnosis (Photocopied reports from relevant professionals) - Proof of residence – for example Rates or Utilities account. - Signed Permission to Release and Exchange Information Form (attached)	
Name of person completing application	
Relationship to Student	
Signature	
Date	/...../.....