Baldivis Secondary College



Expression of Interest for Enrolment into the Autism Specialised Learning Program (SLP) - 2024

FOR ENTRY INTO	☐ Year 7	☐ Year 8	☐ Year 9	☐ Year 10	☐ Year 11	☐ Year 12	
Completed applications can be or posted to: Program Coordinator Autism Specialised Lea Baldivis Secondary Col Stillwater Drive BALDIVIS WA 6171	rning Prograi		ninistration, emaile	d to <u>kajal.moodle</u> y	@education.wa.edu.a	<u>u</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	☐ 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: PARENT/C	CARER DET	AILS					
Parent/Carer Last Name							
Parent/Carer First Name							
Contact Telephone:	Home:		Мо	bbile:			
Contact Email:							
SECTION 3: STUDENT	ADDRESS	DETAILS					
Main place of residence	ADDICESS	DETAILS					
Address Line 1							
Address Line 2							
Suburb/town			State		Postcode		
Mailing Address (If the mailing	ng address is	the same as the main	place of residence p	lease write 'AS AB	OVE')		
Address Line 1							
Address Line 2							
Suburb/town			State		Postcode		

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)				
□ Contents Insurance				
☐ Signed Permission to Release and Exchange Information Form (attached)				
Name of person completing application				
Relationship to Student				
Signature				
Date	l			