Baldivis Secondary College

Expression of Interest for Enrolment into the Specialised Learning Program Autism (SLP-A) - 2026

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	

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*

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

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

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	...../...../.....