

SPECIALISED LEARNING PROGRAM – AUTISM (SLP-A) 2025 EXPRESSION OF INTEREST

CLOSING DATE - FRIDAY 10 MAY 2024

For Entry Into: 🛘 Year 7 🔻 Yea	ar 8 🗆 Year 9 🗀 Year 10 🗀 Y	Year 11 □ Year 12
•	•	ollege@education.wa.edu.au. Alternatively, the ntle College (Administration), 79 Lefroy Road
Student's Surname	Student's First Name	Student's Preferred Name
Student's Date of Birth	Student's Current School	
Parent/Carer	Email	Telephone Number
,		
Home Address		I
PARENT/CARER AGREEMENT		
criteria for entry into this pro		at my child meets the following eligibility
☐ Student is eligible for enro	olment in Western Australian public scl	hools in Years 7-12;
	Autism without accompanying	
	icant social, emotional and/or behavi	oural issues and challenges
•	f-manages personal care requirement	
☐ Families can provide relia	ble transport to and from the college.	
APPLICATION REQUIREMENT	S	
Most recent medical diagrammeter report required)	nosis and documentation of Autism Spe	ectrum Disorder (full diagnostic
•	cumentation for comorbid conditions (i	f present)
☐ Copy of most recent NAPI	ol report AN results or copy of OLNA results (f	or students in Year 10-12)
	exchange information (attached)	01 313431113 III 1041 10-12]



NAPLAN/OLNA

form

Permission to Release and/or Exchange Information

DECLARATION

If this application is successful and m	y child is offered a	placement in the SLP-A;
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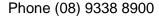
- □ I acknowledge that ongoing participation in this program will depend upon:
- Participation in a formal process conducted annually to map your child's progress against success criteria and to review ongoing program suitability to meet their needs.
- Participation in a formal person-centred planning 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 college when they meet the success criteria.

 Engagement with and supp 	ort of the goals and	l aims of	the Specia	lised Lear	ning Prog	gram.		
I declare that all information p	ovided on this forr	m is true	and accur	ate.				
Name of person completing Expression of Interest								
Relationship to student								
Signature								
Date								
If you are completing this form o information is true and correct. D		e to sign	this form,	please che	eck this bo	ox to confi	rm the above	÷
Any additional information required should be submitted along with your will advise in writing at the earliest of	Expression of Interes	st. Place	ements are	determine	d at the o	-	-	
Office Use Only Application Received:/	_/							
Most recent diagnosis and documen report)	ration of ASD (full							
Most recent diagnostic documentation conditions (if present)	on for comorbid							
School Report								



Fremantle College

79 Lefroy Road, Beaconsfield. WA 6162





PERMISSION TO RELEASE AND/OR EXCHANGE INFORMATION

I understand that information pertaining to my child will be exchanged and shared for the purpose of determining eligibility and suitability for enrolment and/or planning for my child's progress at school. Information obtained will be kept in strictest confidence.

This permission form will remain valid for the period of my child's enrolment. If you would like further information or have any concerns, please telephone the college on 9338 8900.

If you should choose to withdraw your consent, please advise the college in writing.

Jack Harper Brendon Bleakley
Program Coordinator — Specialised Learning Program Associate Principal

Jack.harper@education.wa.edu.au

Brendon.Bleakley@education.wa.edu.au

Student Name	Date of Birth	
Parent/Carer Name		
Home Address		
Parent/Carer Email		
Telephone		

I give my consent for Fremantle College, associated Education Office, or other relevant Agency to be contacted. I understand any information exchanged will only be used for the stated purposes.

Signed Parent/Carer	
Relationship to Student	
Date	