

Expression of Interest

Specialised Autism Learning Program (SALP)

Student Surname: _____	Student Given Name: _____
Parent Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: _____
Mobile: _____ Email: _____	Address: _____
Applying for entry in: Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/>	Postcode: _____
Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 <input type="checkbox"/>	
Current School _____	Phone: _____
How did you learn about the SALP @ ASC: <input type="checkbox"/> Advertisement <input type="checkbox"/> Primary School <input type="checkbox"/> Centre for Inclusive Schooling <input type="checkbox"/> Website <input type="checkbox"/> Other	
<i>Please indicate (tick) which evidence is included in your portfolio for application to the Autism Extension Program and return this sheet with the supporting material attached.</i>	
<input type="checkbox"/> Recent school report <input type="checkbox"/> Recent NAPLAN report <input type="checkbox"/> Recent OLNA report (for students in Year 10, 11, 12)	<input type="checkbox"/> Diagnosis of Autistic Spectrum Disorder / Asperger's syndrome <input type="checkbox"/> Signed Permission to release and exchange information form (attached)
Parent agreement: I submit this form with the understanding my child; <input type="checkbox"/> Is academically capable of understanding and coping with grade level content and tasks <input type="checkbox"/> Manages behaviour independently or through the use of pre-determined prompts / strategies <input type="checkbox"/> Independently manages personal care requirements <input type="checkbox"/> Will be provided with safe transport to and from the SALP	
Additional information: <i>(Please include an additional page if required).</i> <div style="display: flex; justify-content: space-between; width: 100%;"> Signed: _____ Date: _____ </div>	

Please return this form by to the SALP Program Coordinator: Vanessa.May@education.wa.edu.au or mail to: Ashdale Secondary College, 75 Westport Parade Darch, WA 6065

Permission to Release and/or Exchange Information

I,give permission for the agencies / people listed below to release and / or exchange information pertaining to the student(s) listed below;

First Name	Surname:	DOB:

I give permission to the following agencies and contacts:
Ashdale Secondary College
Department of Education – SSEND Directorate
Primary School currently attending Contact:
School Psychology Services Contact:
Private Medical Specialist Contact:
Notes

I understand that information pertaining to my child will be exchanged and shared for the purpose of determining suitability for enrolment 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. Should I wish for this agreement to cease or would like to discuss the manner in which information is shared, I will contact Ashdale Secondary College in writing through the SALP Program Coordinator for students with ASD, Vanessa May.

Name:			
Signature:			
Relationship to Child/ren:		Date:	