



Samson Primary School

OFFICE USE ONLY

Student Name: _____

Expression of Interest
Specialist Learning Program ASD - Primary

Please note that submission of this Expression of Interest does not guarantee your child an offer of enrolment or a place within this specialist program.

Applicant Details

APPLYING PARENT/S DETAILS

PARENT/CARER NAME: _____

Contact Details:

Phone: _____ Email: _____

STUDENT DETAILS

STUDENT NAME: _____

D.O.B: _____

RESIDENTIAL ADDRESS: _____

CURRENT SCHOOL: (if applicable)

OTHER AGENCIES/SERVICES

Provider's Name _____ Role _____ Contact _____

Provider's Name _____ Role _____ Contact _____

Provider's Name _____ Role _____ Contact _____

I give permission for these agencies/persons listed to release and/or exchange information pertaining to my child with regard to this expression of interest.

(Parent/Carer signature)

Please tick or cross the boxes.

1. My child has a diagnosis of Autism Spectrum Disorder recognised in Western Australia
2. To the best of my knowledge my child does not have an intellectual disability
3. I can provide a diagnostic report confirming my child has Autism Spectrum Disorder
4. My child manages their personal needs independently:

Toileting YES NO

If NO, please explain

Dressing YES NO

If NO, please explain

Drinking YES NO

If NO, please explain

Eating YES NO

If NO, please explain

I submit this application with the following understandings:

- I am submitting an expression of interest for my child to attend the Specialist Learning Program ASD- Primary at Samson Primary School.
- If accepted, I understand that my child will be enrolled exclusively at Samson Primary School for the duration of attendance in the Specialist Learning Program ASD (adjusted for year e.g. K/ PP).
- Assessment of each student application for this specialist program requires that the school collect further specific student information. This may involve school staff liaising with other service providers, conducting parent and student interviews as well as conducting student observations and further assessments.
- Safe transport of my child to and from the school to attend this specialist program is the responsibility of the parent/carer.
- Submitting this expression of interest does not guarantee that my child will receive an offer to enrol in the Specialist Learning Program ASD- Primary at Samson Primary School.
- My child's enrolment in the program is subject to review at any time.

Parent/Carer _____

Name

Signature

Date