

Dear Parents and Family Carers,

Thank you for your interest in applying to enrol your child at Hampton Senior High School: Specialised Learning Program - Autism.

Students eligible for this program have demonstrated their ability to work at or near grade levels necessary for success and integration into mainstream secondary school.

Applications in the Specialised Learning Program – Autism close on Friday 8 May 2026.

The following information is required to be submitted when applying to enrol:

- Diagnosis of Autism Spectrum Disorder recognised by Department of Education WA (reports from relevant professionals: Paediatrician, Psychologist and Speech Pathologist)
- School reports – three most recent
- NAPLAN results
- Most recent Individual Education Plan or documented plan
- Signed Permission to Release and Exchange Information Form (attached)
- Signed Student/School Observation Permission Slip (attached)

If Hampton Senior High School is your school of choice or local intake area school, we recommend that you complete a mainstream application additionally to the SLP application.

Please return this application to enrol form together with any other information you believe may be relevant to Administration Services.

Thank you,

Tracy Griffiths
Principal

Specialised Learning Program: Autism

At Hampton Senior High School our purpose as a community is to ensure that all students achieve personal success in their learning and become responsible and productive citizens.

Hampton Senior High School's Specialised Learning Program for autistic students supports the individual needs of students and aims to provide a greater opportunity for engagement. The program provides education and support for social and emotional development of autistic students who have the potential to achieve academic success in mainstream schooling and beyond.

Eligibility and suitability for students enrolling; will meet the below criteria:

- Formal diagnosis of autism spectrum disorder without an intellectual disability as recognised by the Department of Education, WA.
- Entitled to enrolment in Western Australian public schools in accordance with general enrolment requirements.
- Work at or near year-level academic standards with support.
- Independently manages personal care requirements.

Each student works towards achieving their goals in a caring and supportive environment which acknowledges their unique learning profile. The SLP is an individualised program, neurodiverse affirming supports that fosters academic growth, social-emotional development and holistic wellbeing. The SLP features quality teacher and education assistant support, homeroom for study and organisation support, a private supervised space at recess and lunchtime.

Students undertake an individual program of mainstream and intervention lessons that focus on developing skills around self-regulation and social skills while working closely with their SLP teacher or Education Assistant. Students transition out of the program into mainstream schooling, once they have demonstrated they have achieved the exit criteria.

Enrolments and placements in the Specialised Learning Program will be reviewed annually, and all students can apply to the program outside of the local intake area.

Selection Process and Timeline

Suitability of the Specialised Learning Program will be evaluated through informal and formal observations, student voice, academic reports, and documented plans. It will then be reviewed by panel members and ranked against eligibility criteria, with placements offered to students eligible and who will benefit most from the program.

Families who are expressing interest in the Specialised Learning Program will meet the following timeline:

- Term 1: Expression of Interest Open for submission. **Close date: Friday 8 May 2026**
- Term 2: Student/School Observations at your child's current school.
- Term 3: Panel Assessment finalised and families notified in writing.
- Term 4: Transition and Orientation Days.

Application to Enrol

Specialised Learning Program Autism

Please complete a separate application for each child.

If you require any help to complete the application form, please contact the Hampton Senior High School Administration staff for assistance. Please note that applying to enrol your child does not guarantee you will receive a place; we will notify you in writing of the outcome of your application.

School Name

School Name

Personal Details (Please complete all details below)

Child's Surname

Legal Surname (if different)

Given Names

Date of Birth (dd/mm/yy) / /

Gender Male Female Indeterminate/Intersex

Parent 1 Surname

Parent 1 First Name

Title Mr Mrs Ms

Parent 2 Surname

Parent 2 First Name

Title Mr Mrs Ms

Residential Address (Must be completed)

Post Code

Postal Address (If different from residential)

Post Code

Telephone (Home)

Telephone (Work)

Parent 1: Mobile Phone No.

Email

Parent 2: Mobile Phone No.

Email

Please state your relationship to this student

Both parent/guardians are aware of the EOI to the Specialised Learning Program:

Yes No

Personal Details (continued)

Year Level enrolling in

Name of school at which your child is currently enrolled

Name of current teacher

Have you placed an EOI for other SLP's?

Yes

No

If yes, please state which School's?

Does your child have additional health or medical condition, disability, or needs?

YES

NO

This information will assist the principal in planning to provide the best educational program for your child.

Please provide details:

Declaration

The information and statements provided in this application for enrolment are true and accurate.

I submit this form with the understanding that my child:

Is academically capable of understanding and coping with grade level content and tasks (ie. No intellectual disability)

Is entitled to enrol in Western Australian Public School in accordance with general enrolment requirements.

Independently manages personal care requirements.

Name of person enrolling this child

Signature

Date

 / /

Note: In the event that the statements made in this application later prove to be false or misleading, this application may be declined. Information supplied may need to be checked by the school.

Permission to Release and Exchange Information

To ensure a smooth transition into the Specialised Learning Program Hampton Senior High School Staff may be required to contact your child's current school and other agencies that are assisting you and your child.

I (Parent/Guardian) _____ give permission for the agencies or people listed below to request and exchange information pertaining to my child.

Student Name: _____

Parent/Guardian Signature: _____

HSHS Staff

Contact Person	Contact Details
Hampton SHS - SLP Program Coordinator	Donna.McLaren@education.wa.edu.au
Hampton SHS - School Psychologist	Beatrice.Foong@education.wa.edu.au
Hampton SHS – Principal	Tracy.Griffiths@education.wa.edu.au

I have read the above and I understand why the information pertaining to my child will be exchanged and shared. Information obtained will be kept in strictest confidence. I will notify the SLP Coordinator at Hampton Senior High School should I wish for this agreement to cease.

I understand this form as well as the process and I agree to the exchange and sharing of information for the student listed above:

Name: _____

Signature: _____

Relationship to child: _____ Date: _____

This permission form will remain valid until the end of the calendar year.

Student/School Observation Permission Slip

As part of the selection process for the Specialised Learning Program – Autism at Hampton Senior High School, staff will be required to contact and observe your child in their current school during the Expression of Interest period.

To enable the panel members to assess the support needs of your child it is important that they are **not aware** they are being observed.

You will be notified, in writing, when observations will be occurring during the Expression of Interest period. In the event of unforeseen circumstances preventing your child from attending school on the selected day, we request that you notify the school as soon as possible to ensure observations can be rescheduled.

Please complete the permission slip below and return to Hampton Senior High School accompanied with your Expression of Interest paperwork.

I (Parent/Guardian) _____ give consent for Hampton Senior High School staff to contact my child _____ current school _____ for the purpose of assessing and completing student observations, during the Expression of Interest period, for the selection into the Specialised Learning Program-Autism at Hampton Senior High School.

Parent/Guardian Signature: _____

Date: _____