

## Autism West School Holiday Program Expression of Interest Form (EOI)

Parents Name: .....  
 Childs Name: ..... D.O.B.: .....  
 Contact Number: ..... Email: .....  
 Diagnosis: .....

### Support Level Requirements (please indicate):

Low- Functions mostly independently ☐  
 Moderate- Needs support sometimes ☐  
 High- Most of the time requires support ☐

Please select the session/s that you would be interested in your child attending. If your child is moderate functioning, please indicate if you would prefer them to be placed in the low or high needs support session/s. Please see the program outline for the list of activities that will be on each day.

### Week One Term 3 Holidays

SESSION	MONDAY PUBLIC HOLIDAY	TUESDAY 29/9 High Support Needs	WEDNESDAY 30/9 Low Support Needs	THURSDAY 1/10 High Support Needs	FRIDAY 2/10 Low Support Needs
9am-1pm					
1pm-5pm					
9am-5pm					

### Week Two Term 3 Holidays

SESSION	MONDAY 5/10 Low Support Needs	TUESDAY 6/10 High Support Needs	WEDNESDAY 7/10 Low Support Needs	THURSDAY 8/10 High Support Needs	FRIDAY 9/10 Low Support Needs
9am-1pm					
1pm-5pm					
9am-5pm					

Contact Autism West for more information or to send in your form.

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