



LEARNING FOR LIFE

Respect Responsibility Honesty Achievement

# Expression of Interest



**WIRREANDA  
ADAPTIVE  
VOCATIONAL  
EDUCATION**



Thank you for your inquiry in the Wirreanda Secondary School WAVE program. Please complete the details below and email [kerry.thomas672@schools.sa.edu.au](mailto:kerry.thomas672@schools.sa.edu.au) or return to the front reception at Wirreanda Secondary School.

Student Personal Details		
Full Name _____		
Date of Birth _____		
Mailing Address _____		Postcode _____
Last School Attended _____		
Contact Details	Student	Mobile _____ Email _____
	Parent/ Caregiver(s)	Name _____ Relationship to student _____ Mobile _____ Phone _____ Email _____
		Name _____ Relationship to student _____ Mobile _____ Phone _____ Email _____
	Year Level in 2023	<input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 <input type="checkbox"/> Other _____
Please tick relevant Details: <input type="checkbox"/> ATSI <input type="checkbox"/> SWD <input type="checkbox"/> GOM		

Engagement Assessment- Reason for WAVE referral	
<input type="checkbox"/> Attendance	If ticked please give details
<input type="checkbox"/> Motivation	
<input type="checkbox"/> Learning difficulties	
<input type="checkbox"/> Behaviour	
<input type="checkbox"/> Anxiety	
<input type="checkbox"/> Seeking Employment	
<input type="checkbox"/> Greater flexibility in Timetable	
<input type="checkbox"/> Other _____	

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/ Caregiver(s) Signature \_\_\_\_\_

Date \_\_\_\_\_