

OUT OF AREA / WAITING LIST FOR PRESCHOOL

Child's Name: _____ Male Female

Date of Birth: _____ OFFICE USE: In Area: Yes No

Parent/Carer's Name: _____

Home Address: _____

Phone: _____

Email: _____

Is your child of Aboriginal or Torres Strait Islander origin? Yes No

What is your child's residency status?

Australian citizen New Zealand citizen Norfolk Islander Permanent resident

Temporary visa holder Current visa sub-class: _____ Visa expiry date: _____

A child born in Australia is only automatically an Australian citizen if at least one parent was an Australian citizen or permanent resident when the child was born.

Does your child speak a language other than English at home? Yes No

If yes, what language(s) other than English are spoken at home by your child?

Main language: _____

Other language(s): _____

Enrolment information can be provided in other languages if required

Does your child have any additional needs? eg disability, significant difficulty in learning or behaviour. If yes, please give details and attach any reports available.

Does your child have any allergies or medical conditions? If yes, please describe:

Is your child currently attending another childcare service? Yes No

If yes, name of service: _____

Next year, will your child attend another childcare service in addition to this preschool?

Yes No If yes, name of service: _____

Name of school your child will attend in Kindergarten:

Names of other children residing with your child (*attach details of additional children to this form*):

	Given Name	Family name	Date of birth	Gender	Name of School (if applicable)
1					
2					
3					

Do you have a Low Income Health Care Card or are you receiving an Income Support Payment?

This information is being collected to assess if the family meets the criteria for priority placement on the basis of financial disadvantage.

Yes No

(eg Newstart Allowance, Disability Support Pension from Centrelink or the Department of Veterans Affairs. This does not include Family Tax Benefit or Carer Allowance).

We run 2 ½ day sessions. What days would you prefer?

Monday 9am-3pm, Tuesday 9am-3pm, Wednesday 9am-11.30am

OR

Wednesday 12pm-3pm, Thursday 9am-3pm, Friday 9am-3pm

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete. I am aware that if information I have given is false or misleading, any decision made as a result of this application may be changed.

Filling out this Application form does **NOT** guarantee your child a Preschool position. Applications are processed according to our Preschool Enrolment Policy and selection criteria.

Parent/Carer's Signature: _____

Date: _____

The personal information provided on the waiting list application form is being obtained for the purposes of processing the child's application for enrolment in the preschool class. It will not be used by the Department of Education for general student administration and communication purposes and other matters relating to the education and welfare of the child. Whilst the provision of this information is voluntary, if you do not provide all or any of this information it may delay or prevent the processing of this application for enrolment. This information will be stored securely. You may access or correct any personal information provided by contacting the school.