



## Preschool waiting list application form

Department preschools enrol children for **one year only**, the year before they start school. Children can enrol if they turn four years of age before 31 July that year and **will attend school the following year**.

**A waiting list application form will only be accepted with a birth certificate.**

### A. Child's Details

Child's Given Name:		Child's Surname:	
Date of Birth:		Male	Female
Home Address:			
Is your child of Aboriginality or Torres Strait Islander origin? Yes		No	
<b>Child's Residency Status:</b>			
Australian Citizen	Permanent Resident	Temporary Visa Holder	exp date: Sub class:

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.

### B. Family Details

Parent 1 Name:		Parent 2 Name:	
Occupation:		Occupation:	
Fulltime	Part Time	Fulltime	Part Time
Contact number:		Contact number:	
Email:		Email:	

### C. Languages Spoken at Home:

Main Home Language:	Other home Language:
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### D. Child's Additional Learning and Support Needs:

Does your child have any additional needs? e.g.: disability, significant difficulty in learning/ behaviour, or speech? Yes No	If yes, please provide details and attach any relevant reports.
Is your child toilet trained? Yes No If no, it is advisable to start now	Is your child seeking help at additional services, e.g.: (Speech, OT etc) Yes No If yes, please provide details:
Does your child have any allergies or medical conditions? Yes No	If yes, please give details:

### E. Other information

Is your child currently attending childcare or preschool? Yes No	If yes, name of service:
Next year, will your child attend childcare or preschool in addition to our school? Yes No	If yes, name of service:
Do you intend to, or have you already, expressed interest in enrolling at another public preschool? Yes No	If yes, name of service:

### F. Kindergarten 2026:

Name of Kindergarten you would like your child to attend next year? (must be completed to be on our waiting list)
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**G. Group Preference** (we operate on a 5-day fortnight) 1 – 1<sup>st</sup> Preference 2- 2<sup>nd</sup> preference

<b>Echidna</b> Mon/Tues & Alternate Wed	<b>Koala</b> Thurs / Fri & Alternate Wed
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**H. Information Relating to Assessment for Priority Placement:**

This information is being collected to assess if the family meets the criteria for priority placement.

Do you have a Low-Income Health Care Card? Please provide a copy of your green (HCC) Health Care Card (not Medicare card) Yes / No Number

**I. Names of your child's siblings**

Sibling Names:	D.O.B	Gender	Name of School (if applicable)

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 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 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.

**Making false or misleading declarations for material gain is an offence under sections 25 and 25A of the oaths Act 1900.**

I understand that my child must attend preschool in the first week of the school year on their allocated days or they may forfeit their spot. Extended leave for intrastate, interstate or overseas holidays during January/February may result in your child's spot being allocated to another student and they will be placed back on the waiting list.

I declare that the information provided in this application is, to the best of my knowledge 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.

<b>Parent Name:</b>	<b>Signature:</b>	<b>Date:</b>
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**Office Use**

Date received:	Year applied for:	Local School:
Birth certificate:	In area                    yes / No	
Comment:		