

Department of Education

Preschool Eligibility and Waiting List Form



	List No:	
408 V		

ramily Name:				
Child's Given Name:				
Child's Preferred Name:				
Sex:	Male / Female			
Date of Birth:				
Is your child of Aboriginal	and/ or Torres Strait Islander Origin?		Yes / N	lo
Home Address:				
	Suburb	Postcode		
Mother's / Carers Name	:			
Occupation:				
Home telephone number	::			
Mobile telephone numbe	er:			
Email address:				
Medicare number:				
Health Care Card Numbe	r:		exp:	_/
Father's / Carers Name:				
Occupation:				
Home telephone number	·:			
Mobile telephone numbe	er:			
Email address:				
Medicare number:				
Health Care Card Numbe	r:		exp:	_/
Emergency Contact Nam	e:			
Home telephone number	r:			
Mobile telephone numbe	er:			
Relationship to family:				

ONLY FOR NON-AUSTRALIAN CITIZENS If your child is not an Australian citizen, what is his or her residency status? _____ If your child is not a permanent or temporary visa holder, please provide the following information: Languages Spoken at home Does your child speak a language other than English at home? Yes / No If yes, what other languages does your child speak? Main Language: Other Languages: Does your child have any specific needs? (eg. Disability, significant difficulty in learning or behaviour, or a known history of violence). If yes, please describe: Does your child have any allergies or medical conditions? If yes, please describe: **Does your child currently attend another prior to school service?** Yes / No If yes, name of service: Will your child attend another prior to school service in addition to this Department of Education Preschool? Yes / No If yes, name of service: Name of school your child will attend in Kindergarten: ______

Bankstown South Infants Preschool offers all children preschool classes based on a five day/ fortnight.

Please indicate if you have a preference for days your child would attend preschool. Please note this preference will be used as a guide and does not guarantee placement on these days.

Monday Tuesday and alternate Wednesdays
Thursday Friday and alternate Wednesdays

Making False or misleading declarations for material gain is an offence under sections 25 and 25A of the Oaths Act 1900. I certify that the information given on these forms are correct Signature of Parent / Carer:		Given Names	Family Name	Date of Birth	Sex		of School olicable)	
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Signature of Parent / Carer:	6							
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Residential address check form

*Up to three months old

Documents showing the full name of the child's parent				
1. Only one of (i.e. no additional points for additional documents)				
1.1. Council rates notice				
1.2. Lease agreement through a registered real estate agent for a period of at least 6 months or rental board bond receipt				
 1.3. Exchanged contract of sale with settlement to occur within the applicable school year 				
2. Any of the following	20			
2.1. Private rental agreement for a period of at least 6 months	each			
2.2. Centrelink payment statement showing home address 2.3. Electoral roll statement				
3. Any of the following documents	15			
3.1. Electricity or gas bill showing the service address*	each			
3.2. Water bill showing the service address*				
з.з. Telephone or internet bill showing the service address*				
3.4. Drivers licence or government issued ID showing home address*				
3.5. Home building or home contents insurance showing the service address				
3.6. Motor vehicle registration or compulsory third party insurance policy showing home address				
3.7. Statutory declaration stating the child's residential address, how long they have lived there, and any supporting information or documentation of this.				

These documents are a requirement from the Department of Education and we are unable to accept this waiting list form without them.