



Waiting List
Number.

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. Child's details

Childs Given Name: _____ Childs Surname: _____

Date of Birth: _____ Male / Female

Home Address: _____

Is your child of Aboriginality or Torres Strait Islander origin? Please circle Yes / No

Residency Details: What is your child's residency status?

- Australian Citizen
- Permanent Resident or Temporary Visa Holder (Current Visa Sub Class): _____
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.

Languages Spoken at Home:

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

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

Main language _____ Other language _____

Enrolment information can be provided in other languages if required.

Child's Additional Learning and Support Needs:

Does your child have any additional needs? eg: disability, significant difficulty in learning / behaviour, or speech.

If yes please give details and attach any reports available.

Is your child seeking help at additional services, eg: (Speech, OT, Physio)

If yes please give details and attach any reports available.

Child's Medical Details:

Does your child have any allergies or medical conditions? Yes / No

If yes please describe: _____

Office Use Only

Date Received: _____ Year Applied for: _____ Local School: _____

Record of Evidence:

Child's identity (name & age, birth certificate, passport etc.) Yes /No

Residential Address (rates notice, rental agreements, electricity accounts) Yes /No

In Area? Yes / No

Children who are not Australian Citizens, passport or travel documentation sighted Yes /No

Country of issue: _____ Current Visa Sub -Class _____

Low Income Health Care Card: Yes / No Number _____

B. Family Details:

Parent Carer's Name: _____
Occupation: _____ full time/ part time- days worked _____
Phone: Home _____ Work _____ Mobile _____
Email: _____

Parent Carer's Name: _____
Occupation: _____ full time/ part time- days worked _____
Phone: Home _____ Work _____ Mobile _____
Email: _____

C. Other information

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?

If yes, name of service: _____.

Unable to process application if this section is not filled in.

Name of school your child will attend Kindergarten

Names of your child's siblings (attach details of additional children to this form)

Given Names	Family Name	Date of Birth	Gender	Name of School if Possible

D. Bankstown South Infants Preschool offers all children preschool classes 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 Yes /No 1st Preference 2nd Preference
Thursday, Friday, and alternate Wednesdays Yes /No 1st Preference 2nd Preference

Information Relating to Assessment for Priority Placement:

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

Do you have a Low Income Health Care Card or are you receiving an income Support Payment? (eg Newstart Allowance, Disability Support pension from Centrelink or the Department of Veterans Affairs. This does not include Family tax Benefit or Carer Allowance) Yes / No Number _____

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 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.

Parent/ Carer Signature: _____

Date: _____

Office use:

Place offered date: _____

Accept /Decline : _____

Other notes: _____
