





Preschool waiting list application form

Department preschools enrol children for one year only, the year before they start school. Children can enrol ifthey 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 Aborigina	lity or Torres Strait Islander	origin? Yes	No
Child's Residency Status	•		
Australian Citizen	Permanent Resident	Temporary Visa Ho	lder exp date:
A child born in Australia is only au	tomatically an Australian citizen if o	at least one parent was an a	Australian Citizen or Permanent

B. Family Details

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

C. Languages Spoken at Home:

Main Home Language:	Other home Language:

D. Child's Additional Learning and Support Needs:

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Does your child have any additional needs? e.g.: disability, significant difficulty in learning/ behaviour, or speech?		If yes, please provide details and attach any relevant reports.		
Yes	No			
Is your child toilet trained? Yes If no, it is advisable to start now	No	Is your child seeking help at additional services, e.g.: (Speech, OT etc) 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	If yes, name of service:
preschool? Yes No	
Next year, will your child attend childcare or	If yes, name of service:
preschool in addition to our school?	
Yes No	

F. Kindergarten:

Name of Kindergarten you would like your child to attend next year? (must be completed to be on our waiting list)

Resident when the child was born.







G. Group Preference (we operate on a 5-day fortnight) 1 – 1st Preference 2- 2nd preference

Echidna Mon/Tues & Alternate Wed	Koala Thurs / Fri & Alternate Wed

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 thepurposes 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.

<u>I understand that my child must attend preschool in the first week of the school year on theirallocated days or they may forfeit their spot.</u> Extended leave for intrastate, interstate or overseas holidays during January/February may result in your child's spot being allocated toanother 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.

Parent Name:	Signature:	Date:

Office Use

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