

Preschool waiting list application form

A. Child's details

Child's name: _____ Date of birth: _____ Male Female

Home address: _____

Aboriginality

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

Residency status

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.

Languages spoken at home

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.

Child's additional learning and support needs

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

Yes No

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: _____

B. Family details

Parent/carer's name:

Occupation:

Work details: Full time Part time – Days worked:

Phone: Home: Work: Mobile:

Email:

Parent/carer's name:

Occupation:

Work details: 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? 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 names	Family name	Date of birth	Gender	Name of school (if applicable)
1					
2					
3					

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

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.

Signature of parent/carer:

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 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.

Office use only

Date received:

Record of evidence

Child's identity (name and age eg birth certificate, passport etc)	Yes	No
Residential address (eg rates notice, rental agreements, electricity accounts)		
Evidence supplied	Yes	No
In area?	Yes	No
For 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