

Preschool waiting list application form

Α.	Child's	details
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Child's name: Date of birth:	Male Female				
Home address:	ddress:				
Aboriginality					
Is your child of Aboriginal or Torres Strait Islander origin?	No				
Residency status					
What is your child's residency status?					
Australian citizen					
New Zealand citizen	ealand citizen				
Norfolk Islander	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 permanent resident when the child was born.	t one parent was an Australian citizen or				
Languages spoken at home					
Does your child speak a language other than English at home?					
If yes, what language(s) other than English are spoken at home by y	our 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?					
If yes, please describe:					

B. Family details

Parent/carer's name:					
Occupation:					
Work deta	ils: 🚺 Ful	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?					
If yes, name of service:					

Next year, will your child attend another childcare service in addition to this preschool?

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).

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:

No

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)			No No		
Residential address (eg rates notice, rental agreements, electricity accounts)					
Evidence suppl	ied			Yes	No No
In area?				Yes	No No
For children who are not Australian citizens, passport or travel documentation sighted.			No No		
Country of issue	е:		Current visa sub-class:		
Low income he	alth care card			Yes	No No