Rozelle Public School



Live Love Learn

PRESCHOOL APPLICATION FORM					
FAMILY INFORMATION					
Child's Family Name					
Child's Given Names					
Child's Preferred Name _					
Date of Birth	Gender: Male / Female (please circle)				
Residential Address					
Parent 1/Carer's Name					
Home phone	Mobile phone				
Email .					
Parent 2/Carer's Name					
Home phone	Mobile phone				
Email .					
Emergency Contact Nan	ne				
Home phone	Mobile phone				
Relationship to family					
RESIDENCY/CITIZENSHIP	• STATUS				
Is your child an Australia	n citizen? Yes / No (Please circle)				
If you have answered no	, please provide the following information:				
Current visa class					
Current visa sub-class					
Visa expiry date					

Please note: In accordance with NSW Department of Education and Communities policy, priority for enrolment in NSW Department of Education and Communities preschools is given to Australian citizens and permanent residents, New Zealand citizens holding current New Zealand passports and their dependants, Norfolk Islanders, resident provisional visa holders and temporary humanitarian visa holders. Please contact the school office for further information.

	Child's Full Name					
LANGUAGES OTHER THAN ENGLISH	SPOKEN AT HOME					
Does your child speak a language oth	er than English at home	? No, English only / Yes				
If yes, please complete the following	section.					
How frequently does your child spea	k a language other than I	English? (please circle)				
Most of the time	Some of the time	Rarely				
Main language other than English spo	oken at home					
Other language/s spoken						
SPECIAL NEEDS						
Does your child have any special nee diagnosed disability, significant diffic list any agencies supporting your chil	ulty with language or bel	haviour? If so, please describe below,				
ABORIGINALITY Is your child of Aboriginal or Torres S	trait Islander origin? (Ple	ase circle)				
No	Yes,	Aboriginal				
Yes, Torres Strait Isla		Aboriginal and Torres Strait Islander				
FINANCIAL HARDSHIP						
Does either parent/carer hold a Com	monwealth Health Care	Card? Yes / No				
If Yes, Card ID number/s						
Please indicate below any other infor the Preschool Placement Panel to co	• •	financial circumstances that you wish any relevant documents.				

HEALTH INFORMATION

Allergies – Please specify any allergies suffered by your child (eg peanuts, insect stings)

Other Medical Conditions – Please specify any other medical conditions (eg asthma, diabetes, epilepsy)

PREVIOUS/CURRENT CHILDCARE SERVICES USED

Does your child currently attend or have they previously attended any childcare service e.g. long day care, occasional care, family day care, preschool?

Yes / No

If Yes, please complete the details below.

NAME OF SERVICE	PERIOD OF ATTENDANCE	CONTACT NAME AND PHONE NUMBER

INFORMATION REGARDING SIBLINGS

Please provide the following information regarding other children in your family

	CHILD'S NAME	DATE OF BIRTH	SEX	SCHOOL CURRENTLY ATTENDING (If applicable)
1				
2				
3				

SCHOOL ATTENDANCE

What is the name of the school your child will be attending in Kindergarten?

PREFERRED PROGRAM

Please indicate below the preschool program you would prefer your child to attend. Either indicate your order of preference by using "1" and "2" in the boxes or just use "1" if you only wish to be considered for one program.

Monday, Tuesday and every second Wednesday

Thursday, Friday and every second Wednesday

It is not essential that all children attend 15 hours if they have other childcare arrangements in place. Please indicate if you wish your child to attend two days only, using "1" and "2" or "1" only.



Monday and Tuesday each week

Thursday and Friday each week

I would be interested in taking up an additional Wednesday if it became available.

Is there any other information you would like to provide to the Preschool Placement Panel to assist them in their decision-making? If so, please provide details below or attach separate documentation.

Should any of your circumstances change, please provide the current information as soon as possible as this may influence the status of your application.

Please be aware that providing false or misleading information is a serious offence. In the event that statements made in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

I certify that the information given in this application is correct. I understand that the Rozelle Public School Preschool Placement Panel will make decisions based on Department of Education and Communities and school policy.

Signature of Parent/Carer _____

Date ____

The personal information provided on this application form is being obtained for the purposes of processing your child's application for enrolment in the preschool program at Rozelle Public School. It will only be used or disclosed for the following purposes:

- To assess the child's priority for access to preschool
- General administration relating to the education and welfare of the child
- Communication with parents or carers
- For any other purpose required by law.

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the school.