NSW Department of Education

Expression of interest to enrol in a NSW public preschool

Thank you for your interest in enrolling your child in a NSW public preschool. Children are eligible to enrol in preschool classes from the beginning of the school year if they turn 4 years of age on or before 31 July in that year.

Please complete all sections of the form. The information you provide will help the school principal implement the department's preschool enrolment procedure. The procedure outlines the order of priority for enrolment in a public preschool. If your child is offered a position, you will be required to complete an application to enrol in a public preschool and provide all required documentation.

A. Child's details

Child's name: _____

Gender: _____ Date of birth: _____

Home address: _____

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.

Aboriginality

Is your child of Aboriginal or Torres Strait Islander origin?

☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander

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): _____

Child's additional learning and support needs, including disability

Does your child require support for learning because of disability? ☐ Yes ☐ No

Legislation and NSW Department of Education policy recognise that adjustments may be required for children with special needs, including children with disability, so that they can participate at preschool. Preschool personnel and parents work together to identify the adjustments that may be needed to meet your child's learning and support needs.

Child's medical details and health conditions

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

If yes, please identify and provide details below of any medical and health conditions for which your child is being treated:

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B. Family details

Parent/carer's name: _____

Phone Home: _____ Work: _____ Mobile: _____

Email: _____

Do you intend to, or have you already, expressed interest in enrolling at another public preschool?

☐ Yes ☐ No

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?

☐ Yes ☐ No

Declaration of accuracy and signature

I declare that the information provided in this form 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 this expression of interest form is being obtained for the purposes of assessing eligibility 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 process of an 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: _____

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