

Preschool Registration of Interest

Please complete the details on this form to register your interest to enrol your child in a government preschool. Once completed submit a registration of interest form to each nominated preschool including your local preschool. This form is not confirmation of enrolment. If a place is available, you will be notified of an enrolment offer prior to your child's anticipated preschool starting date. At this time you will be given a preschool enrolment form to complete.

Section 1: Child details

Family name _____ Date of birth _____

Given name/s _____ Calendar year will attend preschool _____

Residential address _____ Gender _____

Suburb _____ Postcode _____

Postal address _____

Does the child identify as Aboriginal or Torres Strait Islander? Yes No

Does the child speak English? Yes No

Languages including Aboriginal spoken at home _____

Child's cultural background _____

Does the child have any additional needs, disabilities or medical conditions that may require support? Yes No

Details

Section 2: Parent / Guardian information

Family name _____ Given name _____

Home phone _____ Mobile _____

Email _____ Relationship to student _____

Is the child in care or has been in care (subject of a custody or guardianship order under the *Children and Young People (Safety) Act 2017 (SA)*)? Yes No

Section 3: Placement preferences

My local preschool is: _____

Refer to www.education.sa.gov.au/findaschool to determine your local preschool catchment area.

Do you wish your child to attend this preschool? Yes No

Intended school: _____

Siblings attending the school (name and year level): _____

Additional information (e.g. preferred days)

If you have more than one preschool choice you wish your child to attend, please list preschools in order of preference:

Preschool 1 _____

Preschool 2 _____

Preschool 3 _____

Please submit a registration of interest form to each nominated preschool including your local preschool.

Section 4: Request for placement at a non-local preschool. Only complete this section if this is not your local preschool. Please indicate the reason/s for seeking placement at this non-local preschool.

Sibling attending the school / a local school (name and year level) _____

Social or family links to the service _____

Child care arrangements _____

Transport and convenience _____

Distance of your home to the preschool _____

Compelling or extenuating reasons _____

Additional information

I declare that the information provided in this Registration of Interest is, to the best of my knowledge, accurate and complete. I understand that any enrolment following this process will be subject to consideration and acceptance of a completed preschool enrolment form.

I acknowledge that my child's enrolment will only be accepted in a department preschool if at the time of enrolment I have provided immunisation records that indicate that my child meets the immunisation requirements.

Parent / Guardian signature

Date