

No:

# Preschool Waiting List Application

**Preferred Session** (please circle)

9.00am-3.00pm

2 ½ Days (Monday, Tuesday, Wednesday morning)

2 ½ Days (Wednesday afternoon, Thursday, Friday)

**Family Name:** \_\_\_\_\_

**Child's Given Name:** \_\_\_\_\_

**Child's Preferred Name:** \_\_\_\_\_

**Sex:**            Male   /   Female

**Date of Birth:** \_\_\_\_\_

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

**Do you receive government benefits (e.g. disability, carer's)?**            Yes / No

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Father/Carer's name:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

**Mother/Carer's name:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

## Only for non-Australian Citizens

If your child is not an Australian citizen, what is his/her residency status? \_\_\_\_\_

\_\_\_\_\_

If your child is a permanent or temporary visa holder, please provide the following information:

- Current visa class: \_\_\_\_\_
- Current visa sub-class: \_\_\_\_\_
- Visa expiry date: \_\_\_\_\_

**Does your child have any specific needs (eg. Disability, significant difficulty in learning or behaviour, or a known history of violence)?**

If yes, please describe. \_\_\_\_\_

**Does your child have any allergies or medical problems?**

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

**Does your child currently attend another prior-to-school service? Yes / No**

If yes, name of service: \_\_\_\_\_

**Name of the school your child will be attending in kindergarten:**

\_\_\_\_\_

**NAMES OF OTHER CHILDREN RESIDING WITH YOUR CHILD**

	<b>GIVEN NAMES</b>	<b>FAMILY NAME</b>	<b>DATE OF BIRTH</b>	<b>SEX</b>	<b>NAME OF SCHOOL</b> (If applicable)
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					

Making false or misleading declarations for material gain is an offence under Sections 25 and 25A of the *Oaths Act 1900*. I certify that the information given on this form is correct.

Signature of Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

**The following documents should be provided with this application:**

- Birth Certificate
- Proof of address (council rates notice, electricity account, lease agreement or title deed only)
- Healthcare card if applicable
- Proof of Aboriginality/Torres Strait Islander if applicable
- Visa if applicable

**Office use only:**

Date received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Birth Certificate or identity documents sighted and photocopied for file **YES / NO**
- Proof of residence details sighted and photocopied for file **YES / NO**
- Passport or travel documentation for children who are not Australian citizens sighted and photocopied for file **N/A / YES / NO**
- Child's Aboriginality and/or Torres Strait Islander status confirmed? **N/A / YES / NO**
- Healthcare card **YES / NO**