

Preschool Registration of Interest

Please complete the details on this form to register your interest to enrol your child in a government 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.

Family name _____ Date of Birth _____

Given name/s _____ Calendar year will attend preschool _____

Residential address _____ Gender _____

Suburb _____ Postcode _____

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 _____

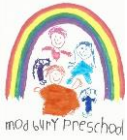
Home phone _____ Mobile _____

Email _____ Relationship to student _____

Siblings (names and Date of Birth)

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 at your local preschool

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 (eg. Preferred days) _____ _____ _____ _____

Please indicate below which preschool you wish your child to attend:

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 (As above) _____ _____ _____ _____

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.

Parent/Guardian signature

Date