



Cardiff South Public School Preschool  
**Expression of Interest Application for  
 Preschool 2019**

<b>No:</b> <hr/> <b>Zone:</b>
-------------------------------------

- Preference**
- 1. Kuwaluwain** - Monday, Tuesday and every 2nd Wednesday
  - 2. Muwani** - Alternate Wednesday, Thursday and Friday

(Please circle appropriate group)

**Reason:** \_\_\_\_\_

(N.B. While consideration will be given to preferences there is no guarantee of preferences being granted)

**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**

**Is your child in an Out of Home Care placement?** **Yes / No**

**Home address:** \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Work details:  Full time  Part time - days worked \_\_\_\_\_

Email address: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Work details:  Full time  Part time - days worked \_\_\_\_\_

Email address: \_\_\_\_\_

If you have any Court Orders in place (incl Out of Home Care placement) please provide copies of these and outline custodial arrangements below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

(If you need more space, please attach details of additional children to this form)

	GIVEN NAME	FAMILY NAME	DATE OF BIRTH	SEX	NAME OF SCHOOL or EARLY CHILDHOOD SERVICE (If applicable)
1					
2					
3					
4					

**Please share any cultural heritage that your family or extended family identifies with:**

\_\_\_\_\_

**Does your child speak a language other than English at home?**

**Yes / No**

If yes, what other languages does your child speak?

Main language: \_\_\_\_\_

Other languages: \_\_\_\_\_

***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:* \_\_\_\_\_

**Child's additional learning and support needs:**

Does your child have any additional needs? e.g. disability, difficulties with learning or behaviour, speech delays. *If yes, please give details and attach any reports available.*

\_\_\_\_\_

\_\_\_\_\_

**Have you any concerns regarding your child's**

Speech / Language \_\_\_\_\_

Hearing \_\_\_\_\_

Sight \_\_\_\_\_

Physical Development \_\_\_\_\_

Other \_\_\_\_\_

**What do you hope your child will gain from the preschool experience?**

---

---

---

---

**What specific interests does your child have (i.e. dinosaurs, art, cooking etc.)?**

---

---

---

---

**Does your child currently attend another early childhood service? Yes / No**

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

**Will your child attend another early childhood service in addition to this Department of Education preschool? Yes / No**

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

**Name of School your child will attend Kindergarten the following year:**

---

**Does your child have any allergies or medical conditions? eg Asthma, Anaphylaxis, Diabetes, Epilepsy etc? Yes / No**

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

---

**Does your child have any special dietary needs? Yes / No**

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

---

**Has your child had any serious illnesses or hospitalisation? Yes / No**

If yes, please give brief details. \_\_\_\_\_

---

**Is your child toilet trained? \_\_\_\_\_**

**Does your child require assistance with toileting? \_\_\_\_\_**

If so, what assistance is required? \_\_\_\_\_

**Do you feel your child regularly needs a rest / sleep in the afternoon? Yes / No**

If yes, for how long? \_\_\_\_\_

**Have there been any major changes in your child's life in the last six months, or do you anticipate major changes within the next six months?**

- New baby                       New pet                       Significant family change
- Death in the family     Family separation                       Other \_\_\_\_\_

***Information relating to assessment for priority placement:***

This 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 or are you receiving an Income Support Payment?** (eg Newstart Allowance, Disability Support Pension from Centrelink or the Department of Veterans Affairs. This does not include Family Tax Benefit or Carer Allowance).                      **Yes / No**

I declare that the information provided in the application 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 / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The personal information provided on this Expression of Interest form is being obtained for the purposes of processing the child's application 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 processing of this 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:        /        /

**Record of evidence:**

Childs identity (name and age eg birth certificate, passport)                      **Yes**                       **No**

Residential address ( eg rates notice, rental agreements, electricity accounts)

Evidence supplied                      Yes                       No                       In area?                      **Yes**                       **No**

For children who are not Australian citizens, passport or travel documentation sighted

**Yes**                       **No**

Country of issue \_\_\_\_\_

Current visa sub-class \_\_\_\_\_

Low income health care card                      **Yes**                       **No**

Court Orders                      **Yes**                       **No**