



Cardiff South Public School Preschool  
Expression of Interest Application for  
Preschool 2022

No: \_\_\_\_\_  
Zone: \_\_\_\_\_  
In / Out

- 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Languages Spoken at Home**

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

**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 |            |             |               |     |                                                           |
| 5 |            |             |               |     |                                                           |
| 6 |            |             |               |     |                                                           |

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

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

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

\_\_\_\_\_

**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?**

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

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**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:**

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

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

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

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

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

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

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**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? \_\_\_\_\_

