



Cardiff South Public School Preschool
Expression of Interest Application for
Preschool 2025

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?

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 if 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**