

## Preschool Registration of Interest

Please complete the details on this form to register your interest to enrol your child in a government preschool. Once completed submit a registration of interest form to each nominated preschool including your local 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.

### Section 1: Child details

Family name \_\_\_\_\_ Date of birth \_\_\_\_\_

Given name/s \_\_\_\_\_ Calendar year will attend preschool \_\_\_\_\_

Residential address \_\_\_\_\_ Gender \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Postal address \_\_\_\_\_

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 \_\_\_\_\_

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 preferences

My local preschool is: \_\_\_\_\_

Refer to [www.education.sa.gov.au/findaschool](http://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 (e.g. preferred days)

If you have more than one preschool choice you wish your child to attend, please list preschools in order of preference:

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

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.

**I acknowledge that my child's enrolment will only be accepted in a department preschool if at the time of enrolment I have provided immunisation records that indicate that my child meets the immunisation requirements.**

Parent / Guardian signature

Date