



Dear Parent/Caregiver,

Thank you for your interest in enrolling your child at Mayfield West Demonstration School Preschool.

In order for us to process your application, please ensure that you return this form along with the following:

	Enrolment form
	Birth certificate and/or proof of identity and residency status
	An up to date Immunisation History Statement
	Proof of residential address (rates notice, rental agreement, electricity account)
	Low-income health care card (if applicable)
	Copies of any family law or other relevant court orders (if applicable)
	Copies of any health care plans (if applicable)
	Passport or immicard and evidence of visa status for children who are not Australian citizens

Our preschool offers a 5 day fortnight program (3 days one week and 2 days in the alternate week). Please indicate your preferred days of attendance:

<b>Banksia Group</b> Monday, Tuesday, every 2 <sup>nd</sup> Wednesday	<b>Wattle Group</b> Thursday, Friday, every 2 <sup>nd</sup> Wednesday
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If the number of applications exceeds the number of available places, children's names will be placed on a waiting list and the principal will establish an enrolment panel. Parents/Carers will be informed in writing of the result of their application. **\*\*Please note\*\*** Enrolment at MWDS Preschool does not automatically translate to an entitlement to enrol in Kindergarten at MWDS if you are out of area.

Please be advised that there are no fees for preschool for 2023.

Kind Regards

Matthew Bradley  
Principal

Tash Hill  
Preschool Teacher

# Application to enrol in a NSW Government preschool

Thank you for your interest in seeking enrolment in a NSW Government preschool. Attendance fees will be charged for a child to attend preschool unless they are eligible for fee relief or fee exemption. Placement in a preschool does not mean that your child will automatically be enrolled the following year in the school to which the preschool is attached. This form is to be completed in English. If you need an explanation of any of the questions or help in completing this application, please ask for assistance from the school.

**Before beginning to complete this form please refer to pages 15 and 16 for details about completing this application and documents that you are required to provide to the school. An explanation of the purpose and use of the information you provide is given on page 13.**

## Child's details

### A. Child's details

Family name

First given name

Second given name

Preferred first name

Gender                      Male      Female                      Date of birth                      /                      /  
*day                      month                      year*

### OFFICE USE ONLY

Preschool name

Child registration number                      Date of enrolment at this school                      /                      /  
*day                      month                      year*

Roll Class (eg Group A, Group B)

Out of home care      Yes      No      Name of statutory care provider

## Child's details

### Child's brothers and sisters

Does your child have any brothers or sisters enrolled at a NSW Government school, either now or over the past 5 years?

Yes No

If yes, name of most recent school

If yes, please provide the details of the most recently enrolled brother or sister.

Gender Male Female Date of birth / /  
day month year

Brother's/sister's family name

Brother's/sister's given name

### Aboriginality

Is your child of Aboriginal or Torres Strait Islander origin?

No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

### Languages other than English spoken at home

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

No, English only Yes

If yes, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by the child

Other language(s) spoken at home

### Country of birth

What is your child's country of birth?

### Child's residency status

What is your child's residency status? Australian citizen New Zealand citizen Norfolk Islander  
Permanent resident Temporary visa holder Residence determination

A child born in Australia is only automatically an Australian citizen if at least one parent was an Australian citizen or permanent resident when the child was born.

If born overseas, on what date did your child arrive in Australia? / /  
day month year

For Australian born citizens, if your child was living overseas for two or more years, on what date did your child return to Australia?

/ /  
day month year

If your child is a permanent or temporary visa holder, please provide the following information

Current visa sub-class Visa expiry date / /  
day month year

## Child's details

### Cultural background

What is your child's cultural background?

Are there any special considerations (eg cultural, dietary, religious requirements) for your child?

### Previous preschool and childcare experience

Is or has your child been in non-parental care on a regular basis and/or had any other early learning experience?

Yes No

If **yes**, indicate any of the following that apply and show if this was part time (less than 15 hours per week) or full time (15 hours or more per week).

**Preschools** usually operate on school days and in school terms, and provide structured early learning to children in the year or two before school.

**Long day care services** offer all-day care for most of the year for children aged 0 to 6. They may also offer 'preschool programs' specifically for children in the year or two before school.

Preschool	Part time	Full time	Postcode
Long Day Care	Part time	Full time	Postcode
Family Day Care	Part time	Full time	
Grandparent	Part time	Full time	
Other formal or informal care (eg occasional care, playgroup, other relative, nanny, friend, neighbour)	Part time	Full time	

Name of preschool(s) and/or early childcare services

## Priority Placement details

### Information relating to assessment for priority placement

This information 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

## Family details

### B. Parent/Carer 1 with whom this child normally lives

If applicable, copies of any relevant family law or other court orders must be provided.

**Title** (eg Mr/Ms/Mrs/Dr) **Gender** Male Female

**Relationship to child** (eg mother/father/carer)

**Family name**

**Given name**

**Country of birth**

**Aboriginality** No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

**Cultural background(s) of this parent/carer**

#### Occupation group

**Please choose the group that best describes your occupation**

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

- |         |  |
|---------|--|
| Group 8 | Have not been in paid work in the last 12 months   |
| Group 4 | Machine operators, hospitality staff, assistants, labourers and related workers                                      |
| Group 3 | Tradespeople, clerks and skilled office, sales and service staff   |
| Group 2 | Other business managers, arts/media/sportspersons and associate professionals  |
| Group 1 | Senior management in large business organisation, government administration and defence, and qualified professionals |

**Occupation**

#### School education

**What is the highest level of schooling completed?**

For persons who never attended school, mark 'Year 9 or equivalent or below' (mark one box only).

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below

#### Educational qualifications

**What is the highest qualification completed?**

No non-school qualification Certificate I to IV (including trade certificate) Advanced diploma/diploma Bachelor degree or above

#### Languages other than English spoken at home

**Does this parent/carer speak a language other than English at home?**

No, English only Yes

If **yes**, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

**Main language other than English spoken at home by this parent/carer**

**Other language(s) spoken at home**

**Interpreters may be available during preschool interviews. Would an interpreter be required?** Yes No

## Family details

### Parent/Carer 2 with whom this child normally lives

If applicable, copies of any relevant family law or other court orders must be provided.

**Title** (eg Mr/Ms/Mrs/Dr) **Gender** Male Female

**Relationship to child** (eg mother/father/carer)

**Family name**

**Given name**

**Country of birth**

**Aboriginality** No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

**Cultural background(s) of this parent/carer**

### Occupation group

**Please choose the group that best describes your occupation**

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

- |         |  |
|---------|--|
| Group 8 | Have not been in paid work in the last 12 months   |
| Group 4 | Machine operators, hospitality staff, assistants, labourers and related workers                                      |
| Group 3 | Tradespeople, clerks and skilled office, sales and service staff   |
| Group 2 | Other business managers, arts/media/sportspersons and associate professionals  |
| Group 1 | Senior management in large business organisation, government administration and defence, and qualified professionals |

**Occupation**

### School education

**What is the highest level of schooling completed?**

For persons who never attended school, mark 'Year 9 or equivalent or below' (mark one box only).

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below

### Educational qualifications

**What is the highest qualification completed?**

No non-school qualification Certificate I to IV (including trade certificate) Advanced diploma/diploma Bachelor degree or above

### Languages other than English spoken at home

**Does this parent/carer speak a language other than English at home?**

No, English only Yes

If **yes**, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

**Main language other than English spoken at home by this parent/carer**

**Other language(s) spoken at home**

**Interpreters may be available during preschool interviews. Would an interpreter be required?** Yes No

## Family details

### C. Parents/carers with whom this child normally lives

**Name to be used for all correspondence** (eg Mr and Mrs A Black, Ms B Green)

**Residential address** (eg 1 High Street, Sydney, NSW, 2000)

This will be recorded as the residential address of the child to be enrolled.

**Correspondence address**

If you have a correspondence address that is different to your residential address please write it below (eg PO Box 51, Sydney, NSW, 2001).

**If the preschool needs to contact a parent/carer, please specify, in order of preference, who to contact**

If there are any special conditions or times relevant to any contact number, please include this in the comment box next to the number (eg Mondays and Tuesdays only).

**Name of parent/carer to contact first**

**Comments**

**Phone number** (mobile)

**Phone number** (home)

**Phone number** (work)

**Contact email address**

**Name of parent/carer to contact second**

**Comments**

**Phone number** (mobile)

**Phone number** (home)

**Phone number** (work)

**Contact email address**

## Family details

### D. Parents/carers not living with this child

Complete only if applicable. Copies of any relevant family law or other court orders must be provided. Please print and attach additional pages if required for multiple parents/carers not living with this child.

**Title** (eg Mr/Ms/Mrs/Dr) **Gender** Male Female

**Relationship to child** (eg mother/father/carer)

**Family name**

**Given name**

**Country of birth**

**Aboriginality** No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

**Cultural background(s) of this parent/carer**

### Occupation group

**Please choose the group that best describes your occupation**

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

- |         |  |
|---------|--|
| Group 8 | Have not been in paid work in the last 12 months   |
| Group 4 | Machine operators, hospitality staff, assistants, labourers and related workers                                      |
| Group 3 | Tradespeople, clerks and skilled office, sales and service staff   |
| Group 2 | Other business managers, arts/media/sportspersons and associate professionals  |
| Group 1 | Senior management in large business organisation, government administration and defence, and qualified professionals |

**Occupation**

### School education

**What is the highest level of schooling completed?**

For persons who never attended school, mark 'Year 9 or equivalent or below' (mark one box only).

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below

### Educational qualifications

**What is the highest qualification completed?**

No non-school qualification Certificate I to IV (including trade certificate) Advanced diploma/diploma Bachelor degree or above

### Contact details

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

**Comments**

**Phone number** (mobile)

**Phone number** (home)

**Phone number** (work)

**Preferred email address for correspondence**



## Family details

### D. Parents/carers not living with this child (continued)

**Residential address** (eg 1 High Street, Sydney, NSW, 2000)

**Does the child sometimes reside at this address?** Yes No

**Correspondence address**

If you have a correspondence address that is different to your residential address please write it below (eg PO Box 51, Sydney, NSW, 2001).

## Additional emergency contacts

### E. Additional emergency contacts

Please nominate two people over the age of 18 years who may be contacted in the event of an emergency if the preschool is unable to contact the parents/carers listed in Section C. Ideally each contact should be someone who lives near the preschool. Please ensure that you have discussed with these people their willingness to be emergency contacts.

**Contact details (first preference)**

**Family name**

**Given name**

**Address**

**Is authorised to** (please check all that apply) consent to medical treatment and authorise the administration of medication to my child  
consent to school staff taking my child outside the preschool premises consent to transporting or arranging transportation for my child  
where appropriate collect my child from the preschool

**Relationship to child** (eg neighbour/aunt/uncle)

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

**Comments**

**Phone number**

**Contact details (second preference)**

**Family name**

**Given name**

**Address**

**Is authorised to** (please check all that apply) consent to medical treatment and authorise the administration of medication to my child  
consent to school staff taking my child outside the preschool premises consent to transporting or arranging transportation for my child  
where appropriate collect my child from the preschool

**Relationship to child** (eg neighbour/aunt/uncle)

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

**Comments**

**Phone number**

## Child's details – additional information

### F. Special circumstances and history relevant to risk assessment

**Are there any special circumstances about the child seeking to be enrolled that the preschool should know prior to enrolment?**

*(eg living apart from parental supervision, subject of a court order, subject of bullying by others, out of home care arranged by the state, history of self harming or violence towards other children, asylum seeker child living in immigration detention, parent(s) working in high risk occupation eg Defence Force, emergency workers).*

Yes      No

*If yes, please provide a brief description of the circumstances. Write in the spaces below.*

### G. Children with additional learning and support needs, including disability

**Does your child require support for learning because of disability?**      Yes      No

*Legislation and NSW Department of Education policy recognise that adjustments may be required for children with special needs, including children with disability, so that they can participate at preschool. Preschool personnel and parents work together to identify the adjustments that may be needed to meet your child's learning and support needs.*

**Is there anything that you do or modify at home that may help us at preschool to meet your child's educational needs?**      Yes      No

*If yes, please specify*

**Please indicate any learning adjustments that may be required to allow your child to participate at preschool** *(complete only if applicable)*

- changes to learning programs and/or teaching strategies
- communication, eg speaking and/or listening
- modification to equipment, furniture, learning spaces and/or learning materials
- support for personal care needs, eg hygiene, mealtimes and/or health care needs
- social support to engage safely with other children and teachers
- other (please specify)

**Please indicate if the child has any of the following**

- |                       |                          |                        |
|-----------------------|--------------------------|------------------------|
| autism                | a hearing impairment     | a language disorder    |
| a physical disability | difficulties in learning | acquired brain injury  |
| behaviour disorder    | intellectual disability  | mental health disorder |
| a vision impairment   | other (please specify)   |                        |

**Has any previous education provider prepared a documented plan to support your child's additional learning needs?**      Yes      No

*If yes, please provide details*

## Child's details – additional information

### H. Child's medical details and health conditions

*It is essential you inform the preschool before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the preschool as soon as you are aware of any newly diagnosed allergies, other medical conditions or changes to an existing condition. This will assist the preschool to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the preschool.*

**Child's Medicare number**

**Child's Medicare card reference number**

**Medicare card valid to date**                 /  
   month                 year

**Doctor's name/medical centre**

**Doctor's address** (eg 1 High Street, Sydney, NSW, 2000)

**Doctor's phone number** (work)

*Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing Section H. Attach an additional page if required.*

Allergy / medical condition	Doctor's name	Address	Telephone

*If your child has a medical management plan to support any health or medical needs from a previous preschool or organisation (eg long day care, occasional care, etc) please provide it to the preschool as an attachment to this form. Details will be used when creating an individual health care plan for your child.*

### Allergies – these can include allergies to insect stings, drugs, latex, food (eg nuts, eggs, peanuts) or other

*If your child has an allergy, please specify in the box below. For this allergy, answer the 11 questions that follow (where applicable). If there is insufficient space, please attach additional pages clearly marked 'Section H'.*

*For any **additional allergies** your child has, **please answer each of the 11 questions** (where applicable) on a separate page for each allergy. Attach this additional information (clearly marked 'Section H') to the back of this form.*

**Allergy to**

**1. Has a doctor diagnosed this allergy?**         Yes     No

**2. Is this a severe allergy (anaphylaxis)?**         Yes     No

**Anaphylaxis is a severe, potentially life-threatening, allergic reaction.**

**3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy?**         Yes     No

**4. If yes, which hospital?**

**5. Does your child have an ASCIA Action Plan for Anaphylaxis?**         Yes     No

**6. If yes, is this plan attached?**         Yes     No

**7. Has your child been prescribed an adrenaline autoinjector (ie EpiPen®)?**         Yes     No

*If your child has been prescribed an adrenaline autoinjector, you will need to provide the preschool with one (and renew prior to expiry date).*

*Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that any updated plan is provided to the preschool.*

## Child's details – additional information

8. What is the expiry date of the adrenaline autoinjector that will be provided to the preschool? /  
month year

*If not known at the time of completing this form, the preschool will require this information on enrolment.*

9. Does your child have an ASCIA Action Plan for Allergic Reactions? Yes No

10. If yes, is this plan attached? Yes No

*It is important that any updated plan is provided to the preschool.*

11. Please list any other medication prescribed for this allergy

*The preschool will require further details in relation to prescribed medication on enrolment.*

*Parents of children who require their child to be administered prescribed medication at preschool must complete a written request. The preschool can provide you with a copy of a request form. Information is also available on the Department's website.*

### Medical conditions other than allergies and anaphylaxis (eg asthma, severe asthma, diabetes, epilepsy)

*Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space, please attach additional pages and include answers to all 7 questions that follow).*

Medical condition

1. Has a doctor diagnosed this condition? Yes No

2. Has your child been hospitalised with this condition? Yes No

3. If yes, which hospital?

4. Does your child have a documented action plan from a doctor? Yes No  
*(eg asthma action plan, medical management plan, risk minimisation plan)*

5. If yes, is this plan attached? Yes No

6. Is your child taking prescribed medication for this condition? Yes No

7. Please list any other medication prescribed for this condition

*The preschool will require further details in relation to prescribed medication on enrolment.*

*Parents of children who require their child to be administered prescribed medication at preschool must complete a written request. The preschool can provide you with a copy of a request form. Information is also available on the Department's website.*

### OFFICE USE ONLY

Additional notes

## Authorisations

### Illness, accident and emergency treatment

I authorise and consent for the approved provider, nominated supervisor, or an educator to:

1. seek medical treatment for my child from a registered medical practitioner, or hospital treatment, or an ambulance service
2. arrange transportation, including by an ambulance service, for my child in the event that such action appears to be necessary.

Parent/Carer Signature

Date            /            /  
                         day            month            year

### Excursions and other outings

The preschool will seek a separate signed authorisation from a parent/carer or authorised person for excursions or outings

- once every twelve months for regular outings
- on each occasion for excursions that are not regular outings.

The authorisation form/s must be kept with this enrolment form.

### Transportation

The preschool will seek separate signed authorisation from a parent/carer or authorised person for any transportation that is part of the service. The authorisation form must be kept with the enrolment form.

## Personal information, consent, and declaration of accuracy

The personal information collected on this application is for purposes directly related to your child's education including processing this application.

Any information provided to the NSW Department of Education (the Department) will be used, disclosed and stored consistent with the NSW privacy laws.

Certain information is required by the Department of Education to meet its duty of care and other legal obligations under public health, education and child protection legislation and for meeting data collection and reporting requirements under Commonwealth – State funding agreements which may involve evaluation and assessment of child outcomes.

Information may be disclosed to NSW State and Commonwealth government agencies and other organisations for the above purposes and as authorised or required by law.

Information will be stored on a secure electronic database. You may access or correct the information by contacting your child's preschool. If you have a concern or complaint about the information collected or how it has been used or disclosed you should contact the preschool.

If you choose not to provide some requested information it may have a detrimental impact on your child's enrolment, resourcing of the preschool or meeting your child's educational needs.

Further information about the collection of information while your child is enrolled at a NSW Government preschool, and how we protect your privacy, is available on the Department's website or from your preschool.

### Publishing child information

The preschool/Department may publish information about your child for the purposes of sharing his/her experiences with other children, informing the preschool and broader community about preschool and child activities and recording child participation in noteworthy projects or community service.

This information may include your child's name, age, class and information collected at preschool such as photographs, sound and visual recordings of your child, your child's work and expressions of opinion such as in interactive media.

The communications in which your child's information may be published include but are not limited to:

- Public websites of the Department including the preschool website, the Department's intranet (staff only), blogs and wikis
- Departmental publications including the preschool newsletter, annual preschool magazine and preschool report, promotional material published in print and electronically including on the Department websites
- Official departmental and preschool social media accounts on networks such as the preschool's YouTube, Facebook and Twitter pages.

Parents should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

### Permission to publish

I have read the information about publishing child information (above) and

**I give permission**      **I do not give permission**

for the preschool/Department to publish information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

### Online services

The Department provides children with filtered access to the internet. Children also have access to a secure learning portal. After logging into their portal, children have access to a personalised email account and online applications. These resources enable children to collaborate with peers, publish online, and securely store their data for access within, or outside of, school.

When accessing some online services, data, including your child's name and files they have saved, are stored with the online application service provider in a location outside of the Department's network. The Department has worked closely with online application providers to assess privacy impacts and data security controls. Information about privacy for parents is available from [education.nsw.gov.au/public-schools/going-to-a-public-school/privacy-information](http://education.nsw.gov.au/public-schools/going-to-a-public-school/privacy-information) or from your school.

**I give permission**      **I do not give permission**

for my child to have access to online services provided by the Department. This permission remains effective until I advise the school otherwise.

### Consent

I have provided information about the learning and support needs, including health condition(s) and/or special need(s) and/or history relevant to a risk assessment, related to the child named in Section A of this application form.

I consent to the preschool/Department of Education seeking information from previous early childhood education care services, other NSW government departments, public hospitals, health professionals or other organisations that may also hold information related to this assessment for the child named on page 1.

I consent to the health professional(s) treating any medical or health condition identified in this application, to provide the preschool/Department with information about any condition that has been identified in this application. This may include any other aspects of the child's health that may impact on the condition or on the health and safety of this child or other children at preschool or on staff at the preschool.

### Declaration of accuracy and signature

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete.

I agree to pay all applicable preschool fees as and when they fall due.

I have read and understand the information in this application including about the collection of personal information, publishing child information, online services and consent.

Where I have given personal information about people other than myself or my child(ren) I have done so with their authorisation.

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/carer

*(at least one of the child's parents/carers must sign the application to enrol)*

**Print name**

**Date** (dd/mm/yyyy)      /      /

**Signature of second parent/carer**

**Print name**

**Date** (dd/mm/yyyy)      /      /

## OFFICE USE ONLY

### Record of evidence

#### Original documents must be sighted

Photocopies of evidence related to child's identity and their residential address may also be required.

**Child's Identity** (name and age eg birth certificate, passport etc)

Yes  No

**Residential address**

(eg rates notice, rental agreements, electricity accounts etc)

**Evidence supplied**  Yes  No

**In area?**  Yes  No

In addition, for children who are not Australian citizens, more information is required.

**Passport or travel documentation number.**

**Country of issue**

**Current visa sub-class** (if applicable)

**Medical/emergency plans sighted and copied** (eg ASCIA Plan)

Yes  Not applicable

**Disability or other support needs, including any personal learning and support plan sighted and copied**

Yes  Not applicable

**Low Income Health Care Card sighted and photocopied**

Yes  Not applicable

**AIR Immunisation History Statement sighted, and a copy retained, for children enrolling in a NSW Government preschool**

Yes  Not applicable

**If yes, AIR Immunisation History Statement indicates immunisation status**

Up to date  Not up to date

**Any family law, AVOs or other relevant court order sighted and copied**

Yes  Not applicable

**For parent not living with child** (Section D p7)

Shared parental responsibility

Receive academic report

**Enrolment notes**

### Principal's checklist

**1. Enrolment interview conducted?**  Yes  No

**2. Special circumstances, additional support needs and child's history assessed?**  Yes  Not required

**3. Risk assessment required?**  Yes  No

If yes, risk assessment conducted?  Yes

**4. Is personalised learning and support required for this child?**  Yes  No

If yes:

Consultation with parents/carers conducted  Yes

Planning to personalise learning and support completed?  Yes  Not required

Behaviour Management Plan (violence) developed?  Yes  Not required

Behaviour Management Plan (other) developed?  Yes  Not required

Individual Health Care Plan developed? (including communication plan)  Yes  Not required

Emergency response plan developed? (including risk minimisation plan)  Yes  Not required

Medical conditions policy provided to parent/carer?  Yes  Not required

**5. Communication of documented provision/s and plan/s to relevant staff?**  Yes  Not required

\*It may be necessary to defer the finalisation of enrolment until this action has been taken. This may require development of an interim plan until all relevant medical or other information has been obtained. Consideration must be given to all special needs when developing behaviour management or health care plans. Any deferral should be no more than reasonably necessary to collect the required information.

An emergency response plan must be included in the child's individual health care plan where the child is diagnosed at risk of a medical emergency.

\*\* Where a child has been diagnosed at risk of anaphylaxis the emergency response plan will be the ASCIA Action Plan for Anaphylaxis, which will be provided by the parent, completed and signed by the treating doctor.

### Principal's certification

**On the basis of the information provided on this form and gained from the required assessments,**

I accept, or

I decline this application to enrol

**Signature of principal**

**Print name**

**Date**

day month year

# Application to enrol in a NSW Government preschool – Information Sheet

Please tear off this back page before returning your application to the preschool.

## Having trouble with this form?

If you have difficulty understanding this form or would like further information, please call the preschool.

If you need assistance with English please call the **Telephone Interpreter Service** on telephone **131 450** and ask for an interpreter in your language. The operator will get an interpreter on the phone to assist you with your conversation. You will not be charged for this service.

## How to complete this application form

- All applicants **must** complete sections A, B, C, E and H
- You **may** be required to complete sections D, F and G
- Use a black or blue pen to fill in this form
- When you are asked to mark a box, put a tick or a cross in the box like this:

- When you are asked to put information into boxes, put a single number in each box like this:

1	2	3	4																
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- Please print as neatly and legibly as possible like this:

Write as clearly as possible in the box
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- Attach any additional information securely to the back of this form. Clearly indicate which section (A-H) this information refers to.
- If you require another application form, you can download additional copies from: [education.nsw.gov.au/public-schools/going-to-a-public-school/translated-documents/enrolment-application-preschool](https://education.nsw.gov.au/public-schools/going-to-a-public-school/translated-documents/enrolment-application-preschool)

## Complaints, compliments and suggestions

If you have a complaint, compliment or suggestion or are concerned about any aspect of our services we're keen to hear from you.

We encourage you to contact the preschool to talk about your concerns, as most problems can be solved by talking to the preschool office staff, your child's teacher or the preschool principal. They know your child and are best placed to help you. Also, it's best if you let them know about your concerns as early as possible.

We will deal with your issue thoroughly and fairly and we have a clear process for resolving problems.

Further information, including access to our Complaints Handling Policy and procedures, is available from: [education.nsw.gov.au/about-us/rights-and-accountability/complaints-compliments-and-suggestions](https://education.nsw.gov.au/about-us/rights-and-accountability/complaints-compliments-and-suggestions)

The Early Childhood Education and Care Directorate is the regulatory authority for the early childhood education and care sector in NSW. As part of this role, the directorate receives and reviews complaints from parents and the public about any aspect of a service, including those operated by the NSW Department of Education. Further information is available at: [education.nsw.gov.au/early-childhood-education/information-for-parents-and-carers](https://education.nsw.gov.au/early-childhood-education/information-for-parents-and-carers)

## Checklist

**When you come to the preschool to enrol, please bring these original documents with you:**

- Proof of child's residential address**  
(eg council rates notice, residential lease, electricity accounts, statutory declaration etc)
- Birth certificate or identity documents**
- Australian Immunisation Register (AIR) immunisation history statement**

### In addition

*If your child is the subject of family law matters you will need to provide:*

- Copies of any family law or other relevant court orders**

### In addition

*If your child has health, disability or other support needs you will need to provide:*

- Copies of medical/healthcare or emergency action plans**
- Evidence of any disability or other support needs, including any learning and support plans**
- Low Income Health Care Card**

*If your child requires an individual health plan or an emergency response plan you can download the Medical Conditions policy for preschool children from <https://education.nsw.gov.au/policy-library/policies/pd-2004-0034>*

### In addition

#### Non-Australian Citizens

*If your child is a permanent resident but not an Australian citizen you will need to provide:*

- Passport or travel documents**
- Current visa and previous visas** (if applicable)

### In addition

#### Temporary visa holders

*If your child is a temporary visa holder you will need to provide:*

- Passport or travel documents**
- Current visa and previous visas** (if applicable)

**Need more help? Contact your preschool or visit [education.nsw.gov.au/enrolment](https://education.nsw.gov.au/enrolment)**



## Parent occupation groups

The main purpose for collecting this information is to promote and implement the National Goals for Schooling by informing State and Commonwealth Governments on matters that may affect resourcing to your child's school and preschool.

You will need to use this table to complete the 'Occupation Group' section on pages 4, 5 and 7.

The five groups listed here are used by the Australian Bureau of Statistics to classify occupations. Please choose the group (1, 2, 3, 4 or 8) that you think best describes your occupation.

If you have retired or stopped work in the past 12 months, choose the group in which you used to work.

### Group 8

- You have not been in paid work in the last 12 months

### Group 4

Machine operators, hospitality staff, assistants, labourers and related workers

- Drivers, mobile plant, production/processing machinery and other machinery operators
- Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper)
- Office assistants, sales assistants and other assistants
- Office (typist, word processing/data entry/business machine operator, receptionist, office assistant)
- Sales (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- Assistant/aide (trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)
- Labourers and related workers
- Defence Forces ranks below senior NCO not included below
- Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/ fishing hand)
- Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

### Group 3

Tradespeople, clerks and skilled office, sales and service staff

- Tradespeople generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradespeople are included in this group.
- Clerks (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- Skilled office, sales and service staff
- Office (secretary, personal assistant, desktop publishing operator, switchboard operator)
- Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- Service (aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

### Group 2

Other business managers, arts/media/sportspersons and associate professionals

- Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- Specialist manager (finance/engineering/production/personnel/industrial relations/sales/marketing)
- Financial services manager (bank branch manager, finance/investment/insurance broker, credit/loans officer)
- Retail sales/services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)
- Defence Forces senior Non-Commissioned Officer
- Arts/media/sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)
- Associate professionals generally have diploma/technical qualifications and support managers and professionals
- Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
- Business/administration (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, officer/project manager)

### Group 1

Senior management in large business organisation, government administration and defence, and qualified professionals

- Senior executive/manager/department head in industry, commerce, media or other large organisation
- Public service manager (section head or above), regional director, health/education/police/fire services administrator
- Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)
- Defence Forces Commissioned Officer
- Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others
- Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
- Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)