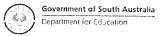


Preschool Registration of Interest

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.

Family name		Date o	f birth	AND THE RESERVE OF THE PARTY OF	
Given name/s		will att	Calendar year will attend preschool		
Residential address		Gende	er		
Suburb		Postco	de		
Postal address					
Does the child identify as Abo	original or Torres Strait Islander?	Yes [No		
Does the child speak English	?	Yes	No		
Languages including Aborigin	al spoken at home				
Child's cultural background					
Cillid S Cultural background					
Does the child have any addition	onal needs, disabilities or medical	conditions Y	es 🔲	No	
Does the child have any addition	onal needs, disabilities or medical	conditions Y	es	No	
Does the child have any addition	onal needs, disabilities or medical	conditions Y	es	No 📗	
Does the child have any addition	onal needs, disabilities or medical	conditions Y	es	No	
Does the child have any additional characteristics and the child have any additional characteristics. Details		conditions Y	es	No	
Does the child have any additional may require support? Details Section 2: Parent / Guardian	information			No	
Does the child have any addition	information Given	name			



Section 3: Placement preferences My local preschool is: Refer to www.education.sa.gov.au/findaschool to determine your local preschool catchment area. No Yes Do you wish your child to attend this preschool? 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 yearlevel) 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. Date Parent / Guardian signature