

NSW Department of Education

Expression of interest to enrol in a NSW public

preschool

Thank you for your interest in enrolling your child in a NSW public preschool. Children are eligible to enrol in preschool classes from the beginning of the school year if they turn 4 years of age on or before 31 July in that year.

Please complete all sections of the form. The information you provide will help the school principal implement the department’s preschool enrolment procedure. The procedure outlines the order of priority for enrolment in a public preschool. If your child is offered a position, you will be required to complete an application to enrol in a public preschool and provide.

# Child’s details

Child’s name:

Gender: Date of birth:

Home address:

Is your child toilet trained? **Yes □ No □**

**Is your child commencing school in 2027?** Yes /No

**Which school will they be attending?** \_\_\_\_\_\_\_\_\_\_\_\_\_

If you have school age children (Siblings) please list their names and ages and the school/s they attend.

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## Residency status

What is your child’s residency status?

 Australian citizen  New Zealand citizen  Norfolk Islander  Permanent resident  Temporary visa holder

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Current visa sub-class: Visa expiry date:

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.

## Aboriginality

Is your child of Aboriginal or Torres Strait Islander origin?

 No  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait

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## Languages spoken at home.

Does your child speak a language other than English at home. Yes  No If yes, what language(s) other than English are spoken at home by your child?

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Main language:

Other language(s):

## Child’s additional learning and support needs, including disability

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

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*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.*

## Child’s medical details and health conditions

Does your child have any allergies or medical conditions?  Yes  No

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If yes, please identify and provide details below of any medical and health conditions for which your child is being treated:

# Family details

Parent/carer’s name:

**Phone** Home: Work: Mobile:

Email:

### Do you intend to, or have you already, expressed interest in enrolling at another public preschool?

 Yes  No

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## 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?

� Yes � No

## Declaration of accuracy and signature

I declare that the information provided in this form 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/carer: Date:

*The personal information provided on this expression of interest form is being obtained for the purposes of assessing eligibility 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 process of an 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:

Attendance

The National Partnership Agreement on Universal Access to Early Childhood Education requires preschools to provide all children with the opportunity to attend for 15 hours a week or 600 hours a year. Please indicate below your preference:

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1. 3 days- Terms 1 and 2 (Mon, Tues and Wed) then 2 days – Terms 3 and 4 (Mon and Tues).

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1. 2 days Term 1 and 2 (Thurs and Fri) then 3 days – Terms 3 and 4 (Wed, Thurs and Fri).

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1. I only require a 2-day placement for my child. (Mon, Tues) or (Thurs, Fri), (Please indicate).

It may be possible to offer some families 3 days a week if a number of students wish to attend only two days. Please indicate if you wish to be considered for a 3 day a week option, if available for Terms 3 and 4.

□ Yes □ No

**Together with this completed Expression of Interest Form please**

**provide the following documentation:**

* Birth certificate or Australian Passport
* Temporary Visa holder and non-Australian citizens – Evidence is required
* Proof of residential address – eg rate notice, lease agreement or utility bill
* Up to date Immunisation **from Medicare** – which is a mandatory requirement that the child seeking enrolment at preschool must be vaccinated.

**Please email all papers to Rosehill Public School:**

[rosehill-p.school@det.nsw.edu.au](mailto:rosehill-p.school@det.nsw.edu.au)

**Parents must accept a place for the full year.**

Name of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_