



Rosehill Public School Preschool Expression of Interest 2024 Enrolment

The personal information provided on this waiting list application form is being obtained for the purposes of processing the child's application if successful 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 in writing.

Date of Application: _____

Child's First name: _____ Child's Surname: _____

Date of Birth: _____ **Must turn 4 by 31-07-2024.**

Male ☐ Female ☐ Aboriginal or Torres Strait Islander ☐

Is your child commencing school in 2025? 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.

Does your child have any specific needs? (e.g., Disability, significant difficulty in learning or behaviour, or a known history of violence). If yes, please describe.

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

Does your child have any allergies or medical problems? **Yes** ☐ **No** ☐

If yes, please describe. _____

Does your child speak a language other than English at home? **Yes** ☐ **No** ☐

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.....



Residential Address: _____

Home Phone: _____

Email address: _____

Parent / Carer Name: _____ Relationship to child _____

Phone Work _____ Mobile _____ Occupation _____

Parent / Carer Name: _____ Relationship to child _____

Phone Work _____ Mobile _____ Occupation _____

Your child may qualify for a reduced fee if you have a healthcare card or pension card. Do you have a healthcare or pension card?

Yes ☐ **No** ☐ Complete details below if yes.

Pension card ☐ Healthcare card ☐ **Expiry date** _____

Does your child currently attend preschool or childcare? If yes, where, and how often? _____

Reasons to support your application (any particular reasons your child needs to attend preschool).

Making false or misleading declarations for material gain is an offence under Sections 25 and 25A of the Oaths Act 1900. I certify that the information given on these forms is correct.

Name of Parent/Carer: _____

Signature of Parent/Carer: _____ Date: _____



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:

- a) ☐ 3 days- Terms 1 and 2 (Mon, Tues and Wed) then 2 days – Terms 3 and 4 (Mon and Tues).
- b) ☐ 2 days Term 1 and 2 (Thurs and Fri) then 3 days – Terms 3 and 4 (Wed, Thurs and Fri).
- c) ☐ 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:

- Passport or Australian Birth Certificate
- 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

Parents must accept a place for the full year.

Name of Parent/Carer: _____

Signature of Parent/Carer: _____ Date: _____

Office Use Only

In Area ☐ Out of Area ☐ Offered a place: _____

Accepted ☐ Rejected ☐ Date _____