



# Preschool registration of interest form

Complete this form to register your interest in enrolling a child in a South Australia government preschool. Once completed, submit the form via email or in person to the preschool. Contact the preschool if you need help to fill out this form.

You can register your interest to more than 1 preschool by completing this form for each preschool you are applying to. Places to preschool are considered based on the Department's priority of access, with priority given to children who live in a preschool's local catchment area, and priority groups, including Aboriginal children and children in care. You can check the child's local preschool at [www.education.sa.gov.au/findaschool](http://www.education.sa.gov.au/findaschool). If you are unsure contact the preschool. It is recommended you register interest at your local preschool as well as any preferred preschools.

Submission of this form **is not** a guarantee of enrolment. The preschool will be in contact before the child's expected preschool starting date. If a place is available, you will be given an enrolment offer and an enrolment form to complete. For more information on enrolling in preschools click here: <https://www.education.sa.gov.au/enrolpreschool>.

## Section 1: Preschool details

This is a registration of interest form for enrolment at:

I am seeking to start preschool in the following intake (tick 1): Term 1  Term 3  Calendar Year:

## Section 2: Child's details

Last name:  Date of Birth:

First name/s:  Gender:

Home address\*:  Time living at this address? Years  Months

Suburb:  Postcode:

\* This should be the primary residential address where the child lives most of the time.

Is the postal address, the same as the above home address? Yes  No

If no, specify postal address:

Please tick:

- Does the child identify as Aboriginal and/or Torres Strait Islander? Yes  No
- Is the child in, or have they been in, care where there is a custody or guardianship order made under the *Children and Young People (Safety) Act 2017 (SA)*? Yes, in care  Yes, previously in care  No
- Does the child have a parent/guardian who is a current serving member of the Australian Defence Force? Yes  No

## Section 3: Details of parent/guardian registering interest

Full Name:  Relationship to child:

Contact phone:  Email:

## Section 4: Preschool preferences

Is this preschool (named in section 1), the child's local preschool? Yes  No

Do you wish for this child to attend this preschool, as your first preference? Yes  No

If this preschool is not your first preference, please list any other preschools (including this preschool) you are registering interest for, in nominated order:

Preschool 1:

Preschool 2:

Preschool 3:

### Section 5: Information that may support the child's registration of interest

Please indicate any reasons for wishing to attend this preschool (tick all that are applicable):

Located close to the child's home. Approximate distance from the preschool (kms by road):

The child has sibling/s who will attend the school (school-based preschools only) or service in the same calendar year.

Sibling/s full name and year level/s?

The location supports the child's/family's transport needs.

The child/family is currently attending other programs at the same service.

There are special or extenuating circumstances for the child to attend. Provide supporting evidence directly to the preschool.

Provide further details for the reasons selected above or any additional information you'd like to include:

### Section 6: Submission and declaration

The information provided in this form is, to the best of my knowledge and belief, accurate and complete. I recognise that should statements later prove to be false or misleading, any decision made as a result of this form may be reversed.

I have appropriate authority to lodge this form and make decisions in relation to the child's education. Where applicable, I have ensured all parties with legal responsibility for this child are aware, and are in agreement, of the submission of this form. I understand that any enrolment following this process will be subject to consideration and acceptance of a preschool enrolment form submitted.

I acknowledge that the child can only be accepted into a government preschool if they meet the immunisation requirements and must show immunisation records at the time of enrolment.

**Privacy: Any personal information collected about you, or the child will only be used for the purpose of determining placement into preschool. All personal information collected will be kept secure, private, and confidential as required by the State Government's record keeping and information privacy obligations. No personal information will be disclosed to a third party without consent, unless required to do so by law.**

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date