

Family Name: .......................................................................................................................................................................

Child’s Given Name: ............................................................................................................................................................. Child’s Preferred Name: Male / Female

Date of Birth: ...................................................... Aboriginal / Torres Strait Islander: Yes / No

Home Address: .....................................................................................................................................................................

Parent 1 Name: ....................................................................................................................................................................

Home Phone: ...................................................................... Mobile: .................................................................................

Parent 2 Name: ....................................................................................................................................................................

Home Phone: ...................................................................... Mobile: .................................................................................

Email address: ....................................................................................................................................................................

Does your child have specific needs (eg: disability, significant difficulty in learning or behaviour, or a known history of violence)? Yes / No

If yes, please describe: .........................................................................................................................................................

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

If yes, please describe: .........................................................................................................................................................

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Does your child currently attend another prior-to-school service? Yes / No

If yes, name of service: .........................................................................................................................................................

Will your child attend another prior-to-school service in addition to this Department of Education and Communities Preschool? Yes / No

If yes, name of service: .........................................................................................................................................................

Name of school your child will attend in Kindergarten: ...........................................................................

Please indicate which session preference: Monday & Tuesday OR Thursday & Friday

*(Each group will attend each alternate Wednesday, resulting in 5 days of attendance per fortnight)*

Signature of Parent/Carer: …………………………………………. Date: ………………………………..

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



# PRESCHOOL FEES

From 2012 compulsory fees have been introduced to all NSW Department of Education & Communities Preschools.

No compulsory fees have been charged for 2023 or will be charged 2024.

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# PLEASE NOTE:

**NARRABRI WEST PRESCHOOL ENROLMENT & ELIGIBILITY CRITERIA**

* Where the number of children applying exceeds the number of places available, names will be placed on a waiting list. Priority of enrolment will be given in the following order:
  + Children living within the local school boundary
  + Children living outside the local school boundary who have siblings attending Narrabri West Public School
  + Children living outside the local school boundary
* Applications for the following school year will be taken from Term 2 of the current school year.
* Applications will be reviewed on September 1st according to enrolment criteria and successful applicants will be notified immediately after this by mail. This notification will include the school enrolment form to be completed and returned in order to confirm acceptance of a position in the Preschool.
* Upon receipt of this acceptance by the school, successful applicants will be supplied with a letter of confirmation and any additional information. Successful applicants at this time will also be advised of the date of the commencement of the next school year.
* The following documentation will need to be presented prior to enrolment the following year, or the enrolment will be deemed invalid;

1. Birth certificate and/or appropriate legal documentation to indicate identity of the child;
2. Immunisation records.
3. Commonwealth Health Care Card (if applicable)

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***Office Use Only***

Date EOI Received: ………… / ………… / ………… Signed ……………………..

|  |  |  |
| --- | --- | --- |
| Offered Placement: | Yes / NoDate: ………… / ………… / ………… | Group: Red / Blue |
| Placement Accepted: | Yes / NoDate: ………… / ………… / ………… |  |
| **Waiting List** | Yes / No |  |
| Offered Placement: | Yes / NoDate: ………… / ………… / ………… | Group: Red / Blue |
| Placement Accepted: | Yes / NoDate: ………… / ………… / ………… |  |
| Placement Declined: | ………… / ………… / (Date) |  |

Notes: ..................................................................................................................................................................................