



1. CHILD'S DETAILS - PLEASE USE CAPITALS

Child's Name _____
(GIVEN NAME/NAME KNOWN AS) (FAMILY NAME/SURNAME)

Date of Birth: ____/____/____ (DD/MM/YY) Gender: Male Female

Residential Address: _____
STREET NUMBER AND NAME SUBURB POSTCODE

Postal Address: (if different to residential address) _____

Preferred email: _____

2. PARENT'S/GUARDIAN'S DETAILS - PLEASE USE CAPITALS

Parent/Guardian1: _____
Mr/Mrs/Ms/Miss/Dr (GIVEN NAME/NAME KNOWN AS) (FAMILY NAME/SURNAME)

Telephone (preferred) _____ (alternate) _____

Parent/Guardian2: _____
Mr/Mrs/Ms/Miss/Dr (GIVEN NAME/NAME KNOWN AS) (FAMILY NAME/SURNAME)

Telephone (preferred) _____ (alternate) _____

Are you a Whitehorse resident? Yes No

Do both parents have parental responsibility? Yes No If yes please ensure you complete both parent details

Are there any court orders relating to this child? Yes No If yes please provide relevant 'additional details'

3. PRESCHOOL DETAILS

Year of Entry i.e. 2017 Preschool Preference and Alternatives (alternatives are considered equal, not 2nd & 3rd choice)

3 y/o year of entry - 20____ Preference.....

3 y/o alternatives -OR.....

4 y/o year of entry - 20____ Preference.....

4 y/o alternatives -OR.....

Have siblings previously attended the preference preschool? Child's Name: Year:.....

4. ADDITIONAL DETAILS - you may need to attach supporting documentation for this section

- Does your child have additional needs? Yes No

If YES supporting documentation is required to be considered under DET priority of access guidelines

- Is this child known to a child protection agency due to risk of abuse or neglect? Yes No
- Including in Out-of-Home or Kinship Care? Yes No

If YES supporting documentation is required to be considered under DET priority of access guidelines

- Does a family member have additional needs? Yes No

If YES supporting documentation must be provided with application for consideration

- Is this child of Aboriginal or Torres Strait Islander descent? Yes No
- Do the child or parents/guardians hold a Health Care Card, Pension Concession Card or Veterans Affairs Card or Asylum Seeker or Refugee Visa? (If 'yes' copy must be provided)

Yes No Card or Visa Type Expiry.....

- Child's country of birth and Language spoken at home

Australia or other English or other

5. DECLARATION

I/We have made \$25 payment via paypal (paypal transaction ID).....) or enclosed a cheque or money order made payable to WPSA (please circle payment method used). I/We have attached proof of the child's date of birth, proof of residential address and relevant immunisation information

The information supplied is true and accurate. I/We understand that no guarantee is given when applying for preschool. I/we further understand the procedures of enrolment and have read the application information on this form.

Signed..... Date.....

PRESCHOOL APPLICATION FORM