



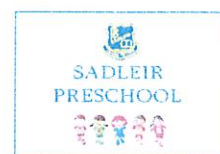
# SADLEIR PUBLIC SCHOOL

Insignia Street, Sadleir. NSW 2168

Telephone: 96078201 96078919

Fax: 96084935

e-mail: [sadleir-p.school@det.nsw.edu.au](mailto:sadleir-p.school@det.nsw.edu.au)



Dear Parents

We are preparing for our 2022 enrolments.

We ask that you please complete and sign the enclosed enrolment form and the attached additional letters.

We also require the following documents:

- Birth Certificate
- Up to date Medicare Immunisation Statement
- Proof of Address - for example any Utility bill
- Healthcare or pension card (where applicable)

Could you either include these documents with the returned enrolment forms or email it to the school.

Please return the completed forms to the school as soon as possible. Please do not make a special trip to the school but next time you go out for essential shopping or walk drop it into the school letterbox in the same envelope.

If you have any enquiries, please contact the school on 9607 8201.

Yours faithfully

M Ralph  
Principal





# Application to enrol in a NSW Government preschool

Thank you for your interest in seeking enrolment in a NSW Government preschool.

Placement in a preschool does not mean that your child will automatically be enrolled the following year in the school to which the preschool is attached.

This form is to be completed in English. If you need an explanation of any of the questions or help in completing this application, please ask for assistance from the school.

**Before beginning to complete this form please refer to pages 15 and 16 for details about completing this application and documents that you are required to provide to the school. An explanation of the purpose and use of the information you provide is given on page 13.**

## Child's details

### A. Child's details

Family name

First given name

Second given name

Preferred first name

Gender

☐

Male

☐

Female

Date of birth

day		month		year					

## OFFICE USE ONLY

Preschool name

Child registration number

--	--	--	--	--	--	--	--	--	--

Date of enrolment at this preschool

day		month		year					

Roll Class (eg Group A, Group B)

Out of home care

☐

Yes

☐

No

Name of statutory care provider



## Child's details

### CHILD'S BROTHERS AND SISTERS

Does your child have any brothers or sisters enrolled at a NSW Government school, either now or over the past 5 years?

☐ Yes ☐ No

If yes, name of most recent school?

If yes, please provide the details of the most recently enrolled brother or sister.

Gender

☐ Male ☐ Female

Date of birth

/   /     
day month year

Brother's/sister's family name

Brother's/sister's given name

### ABORIGINALITY

Is your child of Aboriginal or Torres Strait Islander origin?

☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander

### LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME

Does your child speak a language other than English at home?

☐ No, English only ☐ Yes

If yes, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by your child

Other language(s) spoken at home

### COUNTRY OF BIRTH

What is your child's country of birth?

### CHILD'S RESIDENCY STATUS

What is your child's residency status?

☐ Australian citizen ☐ New Zealand citizen ☐ Norfolk Islander  
☐ Permanent resident ☐ Temporary visa holder ☐ Residence determination

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.

If born overseas, on what date did your child arrive in Australia?

/   /     
day month year

For Australian born citizens, if your child was living overseas for two or more years, on what date did your child return to Australia?

/   /     
day month year

If your child is a permanent or temporary visa holder, please provide the following information

Current visa sub-class

Visa expiry date

/   /     
day month year



## Child's details

### PREVIOUS CHILD CARE EXPERIENCE

Is or has your child been in non-parental care on a regular basis and/or attended any other educational programs?

☐ Yes ☐ No

If **yes**, indicate any of the following that apply and show if this was part time (less than 15 hours per week) or full time (15 hours or more per week).

**Preschools** usually operate on school days and in school terms, and provide structured early learning to children in the year or two before school.

**Long day care services** offer all-day care for most of the year for children aged 0 to 6. They may also offer 'preschool programs' specifically for children in the year or two before school.

<input type="checkbox"/> Preschool	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	Postcode <input type="text"/>
<input type="checkbox"/> Long Day Care (with a preschool program)	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	Postcode <input type="text"/>
<input type="checkbox"/> Long Day Care (without a preschool program)	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	Postcode <input type="text"/>
<input type="checkbox"/> Family Day Care	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	
<input type="checkbox"/> Other formal or informal care	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	

(eg occasional care, playgroup, other relative, nanny, friend, neighbour).

Name of preschool/long day care service

## Family details

### 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 or are you receiving an Income Support Payment?

(eg Newstart Allowance, Disability Support Pension from Centrelink or the Department of Veterans' Affairs. This does not include Family Tax Benefit or Carer Allowance.)

☐ Yes ☐ No



## Family details

### B. Parent/Carer 1 with whom this child normally lives

If applicable, copies of any relevant family law or other court orders must be provided.

Title (eg Mr/Ms/Mrs/Dr)

Gender

☐

Male

☐

Female

Relationship to child (eg mother/father/carers)

Family name

Given name

Country of birth

Aboriginality

☐

No

☐

Aboriginal

☐

Torres Strait Islander

☐

Both Aboriginal and Torres Strait Islander

### OCCUPATION GROUP

Please choose the group that best describes your occupation

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

- ☐ Group 8 Have not been in paid work in the last 12 months
- ☐ Group 4 Machine operators, hospitality staff, assistants, labourers and related workers
- ☐ Group 3 Tradespeople, clerks and skilled office, sales and service staff
- ☐ Group 2 Other business managers, arts/media/sportspersons and associate professionals
- ☐ Group 1 Senior management in large business organisation, government administration and defence, and qualified professionals

Occupation

### SCHOOL EDUCATION

What is the highest level of schooling completed?

For persons who never attended school, mark 'Year 9 or equivalent or below' (mark one box only).

- ☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below

### EDUCATIONAL QUALIFICATIONS

What is the highest qualification completed?

- ☐ No non-school qualification ☐ Certificate I to IV (including trade certificate) ☐ Advanced diploma/diploma ☐ Bachelor degree or above

### LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME

Does this parent/carers speak a language other than English at home?

- ☐ No, English only ☐ Yes

If yes, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by parent/carers 1

Other language(s) spoken at home

Interpreters may be available during preschool interviews. Would an interpreter be required? ☐ Yes ☐ No



## Family details

### Parent/Carer 2 with whom this child normally lives

If applicable, copies of any relevant family law or other court orders must be provided.

Title (eg Mr/Ms/Mrs/Dr)

Gender

☐ Male

☐ Female

Relationship to child (eg mother/father/carer)

Family name

Given name

Country of birth

Aboriginality

☐ No

☐ Aboriginal

☐ Torres Strait Islander

☐ Both Aboriginal and Torres Strait Islander

### OCCUPATION GROUP

Please choose the group that best describes your occupation

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

☐ Group 8

Have not been in paid work in the last 12 months

☐ Group 4

Machine operators, hospitality staff, assistants, labourers and related workers

☐ Group 3

Tradespeople, clerks and skilled office, sales and service staff

☐ Group 2

Other business managers, arts/media/sportspersons and associate professionals

☐ Group 1

Senior management in large business organisation, government administration and defence, and qualified professionals

Occupation

### SCHOOL EDUCATION

What is the highest level of schooling completed?

For persons who never attended school, mark 'Year 9 or equivalent or below' (mark one box only).

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

☐ Year 9 or equivalent or below

### EDUCATIONAL QUALIFICATIONS

What is the highest qualification completed?

☐ No non-school qualification

☐ Certificate I to IV (including trade certificate)

☐ Advanced diploma/diploma

☐ Bachelor degree or above

### LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME

Does this parent/carer speak a language other than English at home?

☐ No, English only

☐ Yes

If yes, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by parent/carer 2

Other language(s) spoken at home

Interpreters may be available during preschool interviews. Would an interpreter be required?

☐ Yes

☐ No



## Family details

### C. Parents/carers with whom this child normally lives

Name to be used for all correspondence (eg Mr and Mrs A Black, Ms B Green)

Residential address (eg 1 High Street, Sydney, NSW, 2000)

Is this the residential address of your child to be enrolled? ☐ Yes ☐ No

Correspondence address

If you have a correspondence address that is different to your residential address please write it below (eg PO Box 51, Sydney, NSW, 2001).

If the preschool needs to contact a parent/carer, please specify, in order of preference, who to contact

If there are any special conditions or times relevant to any contact number, please include this in the comment box next to the number (eg Mondays and Tuesdays only).

#### NAME OF PARENT/CARER TO CONTACT FIRST

Phone number (mobile)

Phone number (home)

Phone number (work)

Comments

Contact email address

#### NAME OF PARENT/CARER TO CONTACT SECOND

Phone number (mobile)

Phone number (home)

Phone number (work)

Comments

Contact email address



## Family details

### D. Parents/carers not living with this child

**Complete only if applicable.** Copies of any relevant family law or other court orders must be provided. Please print and attach additional pages if required for multiple parents/carers not living with this child.

Title (eg Mr/Ms/Mrs/Dr)

Gender

☐

Male

☐

Female

Relationship to child (eg mother/father/carer)

Family name

Given name

Country of birth

Aboriginality

☐

No

☐

Aboriginal

☐

Torres Strait Islander

☐

Both Aboriginal and Torres Strait Islander

### OCCUPATION GROUP

Please choose the group that best describes your occupation

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

☐ Group 8

Have not been in paid work in the last 12 months

☐ Group 4

Machine operators, hospitality staff, assistants, labourers and related workers

☐ Group 3

Tradespeople, clerks and skilled office, sales and service staff

☐ Group 2

Other business managers, arts/media/sportspersons and associate professionals

☐ Group 1

Senior management in large business organisation, government administration and defence, and qualified professionals

Occupation

### SCHOOL EDUCATION

What is the highest level of schooling completed?

For persons who never attended school, mark 'Year 9 or equivalent or below' (mark one box only).

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

☐ Year 9 or equivalent or below

### EDUCATIONAL QUALIFICATIONS

What is the highest qualification completed?

☐ No non-school qualification

☐ Certificate I to IV (including trade certificate)

☐ Advanced diploma/diploma

☐ Bachelor degree or above

### CONTACT DETAILS

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

Phone number (mobile)

Phone number (home)

Phone number (work)

Comments

Preferred email address for correspondence



## Family details

### D. Parents/carers not living with this child (continued)

Residential address (eg 1 High Street, Sydney, NSW, 2000)

Does your child sometimes reside at this address? ☐ Yes ☐ No

Correspondence address

If you have a correspondence address that is different to your residential address please write it below (eg PO Box 51, Sydney, NSW, 2001).

## Additional emergency contacts

### E. Additional emergency contacts

Please nominate two people over the age of 18 years who may be contacted in the event of an emergency if the preschool is unable to contact the parents/carers listed in Section C. Ideally each contact should be someone who lives near the preschool. Please ensure that you have discussed with these people their willingness to be emergency contacts.

**CONTACT DETAILS** (first preference)

Family name

Given name

Relationship to child (eg neighbour/aunt/uncle)

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

Phone number (mobile)

Comments

Phone number (home)

Phone number (work)

**CONTACT DETAILS** (second preference)

Family name

Given name

Relationship to child (eg neighbour/aunt/uncle)

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

Phone number (mobile)

Comments

Phone number (home)

Phone number (work)



## Child's details – additional information

### F. Special circumstances and history relevant to risk assessment

Are there any special circumstances about your child seeking to be enrolled that the preschool should know prior to enrolment?

(eg living apart from parental supervision, subject of a court order, subject of bullying by others, out of home care arranged by the state, history of self harming or violence towards other children, asylum seeker child living in immigration detention).

☐ Yes ☐ No

If yes, please provide a brief description of the circumstances. Write in the spaces below.

### G. Child with additional learning and support needs, including disability

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

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.

Is there anything that you do or modify at home that may help us at preschool to meet your child's educational needs? ☐ Yes ☐ No

If yes, please specify

Please indicate any learning adjustments that may be required to allow your child to participate at preschool (complete only if applicable)

- ☐ changes to learning programs and/or teaching strategies
- ☐ communication, eg speaking and/or listening
- ☐ modification to equipment, furniture, learning spaces and/or learning materials
- ☐ support for personal care needs, eg hygiene, mealtimes and/or health care needs
- ☐ social support to engage safely with other children and teachers
- ☐ other (please specify)

Please indicate if your child has any of the following

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> autism                | <input type="checkbox"/> a hearing impairment     | <input type="checkbox"/> a language disorder    |
| <input type="checkbox"/> a physical disability | <input type="checkbox"/> difficulties in learning | <input type="checkbox"/> acquired brain injury  |
| <input type="checkbox"/> behaviour disorder    | <input type="checkbox"/> intellectual disability  | <input type="checkbox"/> mental health disorder |
| <input type="checkbox"/> a vision impairment   | <input type="checkbox"/> other (please specify)   |   |

Has any previous education provider prepared a documented plan to support your child's additional learning needs? ☐ Yes ☐ No

If yes, please provide details



#### H. Child's medical details and health conditions

Child's Medicare number

Child's Medicare card reference number

Medicare card valid to date   /

Doctor's name/medical centre

Doctor's address (eg 1 High Street, Sydney, NSW, 2000)

Doctor's phone number (work)

Allergy / medical condition	Doctor's name	Address	Telephone

**ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (EG NUTS, EGGS, PEANUTS) OR OTHER**

For any **additional allergies** your child has, **please answer each of the 11 questions** (where applicable) on a separate page for each allergy. Attach this additional information (clearly marked 'Section H') to the back of this form.

### Allergy to

- Anaphylaxis is a severe, potentially life-threatening, allergic reaction.**

3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy? ☐ Yes ☐ No

4. If yes, which hospital?

5. Does your child have an ASCIA Action Plan for Anaphylaxis? ☐ Yes ☐ No

6. If yes, is this plan attached? ☐ Yes ☐ No

7. Has your child been prescribed an adrenaline autoinjector (ie EpiPen®)? ☐ Yes ☐ No

*If your child has been prescribed an adrenaline autoinjector, you will need to provide the preschool with one (and renew prior to expiry date).*

*Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that any updated plan is provided to the preschool.*



## Child's details – additional information

8. What is the expiry date of the adrenaline autoinjector that will be provided to the preschool?

		/				
month			year			

*If not known at the time of completing this form, the preschool will require this information on enrolment.*

9. Does your child have an ASCIA Action Plan for Allergic Reactions? ☐ Yes ☐ No

10. If yes, is this plan attached? ☐ Yes ☐ No

*It is important that any updated plan is provided to the preschool.*

11. Please list any other medication prescribed for this allergy

--

*The preschool will require further details in relation to prescribed medication on enrolment.*

*Parents of children who require their child to be administered prescribed medication at preschool must complete a written request. The preschool can provide you with a copy of a request form. Information is also available on the Department's website.*

### MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (EG ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY)

*Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space, please attach additional pages and include answers to all 7 questions that follow).*

Medical condition

--

1. Has a doctor diagnosed this condition? ☐ Yes ☐ No

2. Has your child been hospitalised with this condition? ☐ Yes ☐ No

3. If yes, which hospital?

--

4. Does your child have a documented action plan from a doctor (eg asthma action plan)? ☐ Yes ☐ No

5. If yes, is this plan attached? ☐ Yes ☐ No

6. Is your child taking prescribed medication for this condition? ☐ Yes ☐ No

7. If yes, what is the prescribed medication?

--

*The preschool will require further details in relation to prescribed medication on enrolment.*

*Parents of children who require their child to be administered prescribed medication at preschool must complete a written request. The preschool can provide you with a copy of a request form. Information is also available on the Department's website.*

## OFFICE USE ONLY

Additional notes

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## Authorisations

### Illness, accident and emergency treatment

I authorise and consent for the approved provider, nominated supervisor, or an educator to:

1. seek medical treatment for my child from a registered medical practitioner, or hospital treatment, or an ambulance service
2. arrange transportation, including by an ambulance service, for my child in the event that such action appears to be necessary.

Parent/Carer Signature

Date

		/			/				
day			month			year			

### Authorisations for collection from the preschool and excursions

☐ Only parents/carers detailed in sections B, C and D on this form are authorised to collect my child from the preschool or consent to medical treatment, authorise administration of medication to my child or consent to excursions.

Otherwise, if parents/carers detailed in sections B, C and D of this form are unavailable I, authorise the following individual/s

Name

Telephone number

Is authorised to

(please check all that apply)

- ☐ collect my child from the preschool  
☐ consent to medical treatment and authorise the administration of medication to my child  
☐ consent to my child being taken outside the preschool premises by staff

Address

Name

Telephone number

Is authorised to

(please check all that apply)

- ☐ collect my child from the preschool  
☐ consent to medical treatment and authorise the administration of medication to my child  
☐ consent to my child being taken outside the preschool premises by staff

Address

Name

Telephone number

Is authorised to

(please check all that apply)

- ☐ collect my child from the preschool  
☐ consent to medical treatment and authorise the administration of medication to my child  
☐ consent to my child being taken outside the preschool premises by staff

Address

Parent/Carer Signature

Date

		/			/				
day			month			year			

Details of additional authorised persons may be provided to the preschool in writing

The preschool will seek a separate signed authorisation from a parent/carer or authorised person for excursions or outings

- once every twelve months for regular outings
- on each occasion for excursions that are not regular outings



## Personal information, consent, and declaration of accuracy

The personal information collected on this application is for purposes directly related to your child's education including processing this application.

Any information provided to the NSW Department of Education (the Department) will be used, disclosed and stored consistent with the NSW privacy laws.

Certain information is required by the Department of Education to meet its duty of care and other legal obligations under public health, education and child protection legislation and for meeting data collection and reporting requirements under Commonwealth – State funding agreements which may involve evaluation and assessment of student outcomes.

Information may be disclosed to NSW State and Commonwealth government agencies and other organisations for the above purposes and as authorised or required by law.

Information will be stored on a secure electronic database. You may access or correct the information by contacting your child's preschool. If you have a concern or complaint about the information collected or how it has been used or disclosed you should contact the preschool.

If you choose not to provide some requested information it may have a detrimental impact on your child's enrolment, resourcing of the preschool or meeting your child's educational needs.

Further information about the collection of information while your child is enrolled at a NSW Government preschool, and how we protect your privacy, is available on the Department's website or from your preschool.

### Publishing child information

The preschool/Department may publish information about your child for the purposes of sharing his/her experiences with other children, informing the preschool and broader community about preschool activities and recording child participation in noteworthy projects or community service.

This information may include your child's name, age, class and information collected at preschool such as photographs, sound and visual recordings of your child, your child's work and expressions of opinion such as in interactive media.

The communications in which your child's information may be published include but are not limited to:

- Public websites of the Department including the preschool website, the Department's intranet (staff only), blogs and wikis
- Departmental publications including the preschool newsletter, annual preschool magazine and preschool report, promotional material published in print and electronically including on the Department websites
- Official departmental and preschool social media accounts on networks such as the preschool's YouTube, Facebook and Twitter pages.

Parents should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

### Permission to publish

I have read the information about publishing child information (above) and

☐ I give permission ☐ I do not give permission

for the preschool/Department to publish information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

### Online services

The Department provides children with filtered access to the Internet. Children also have access to a secure learning portal. After logging into their portal, children have access to a personalised email account and online applications. These resources enable children to collaborate with peers, publish online, and securely store their data for access within, or outside of, school.

When accessing some online services, data, including your child's name and files they have saved, are stored with the online application service provider in a location outside of the Department's network. The Department has worked closely with online application providers to assess privacy impacts and data security controls. Information about privacy for parents is available from <http://www.schools.nsw.edu.au/learning/learning-tools/index.php> or from your school.

☐ I give permission ☐ I do not give permission

for my child to have access to online services provided by the Department. This permission remains effective until I advise the school otherwise.

### Consent

I have provided information about the learning and support needs, including health condition(s) and/or special need(s) and/or history relevant to a risk assessment, related to the child named in Section A of this application form.

I consent to the preschool/Department of Education seeking information from previous early childhood education care services, other NSW government departments, public hospitals, health professionals or other organisations that may also hold information related to this assessment for the child named on page 1.

I consent to the health professional(s) treating any medical or health condition identified in this application, to provide the preschool/Department with information about any condition that has been identified in this application. This may include any other aspects of the child's health that may impact on the condition or on the health and safety of this child or other children at preschool or on staff at the preschool.

### Declaration of accuracy and signature

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete.

I have read and understand the information in this application including about the collection of personal information, publishing child information, online services and consent.

Where I have given personal information about people other than myself or my child(ren) I have done so with their authorisation.

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

(at least one of the child's parents/carers must sign the application to enrol)

Print name

Date (dd/mm/yyyy)

/

Signature of second parent/carer

Print name

Date (dd/mm/yyyy)

/







## Application to enrol in a NSW Government preschool – Information Sheet

**PLEASE TEAR OFF THIS BACK PAGE BEFORE RETURNING YOUR APPLICATION TO THE PRESCHOOL.**

### Having trouble with this form?

If you have difficulty understanding this form or would like further information, please call the preschool.

If you need assistance with English please call the **Telephone Interpreter Service** on telephone **131 450** and ask for an interpreter in your language. The operator will get an interpreter on the line to assist you with your conversation. You will not be charged for this service.

### How to complete this application form

- All applicants **must** complete sections A, B, C, E and H
- You **may** be required to complete sections D, F and G
- Use a black or blue pen to fill in this form
- When you are asked to mark a box, put a tick or a cross in the box like this: ☒ ☒
- When you are asked to put information into boxes, put a single number in each box like this:

1	2	3	4												
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

- Please print as neatly and legibly as possible like this:

Write as clearly as possible in the box

- Attach any additional information securely to the back of this form. Clearly indicate which section (A–H) this information refers to.
- If you require another application form, you can download additional copies from:  
[www.schools.nsw.edu.au/media/downloads/languagesupport/enrol/application-ps/english.pdf](http://www.schools.nsw.edu.au/media/downloads/languagesupport/enrol/application-ps/english.pdf)

### Complaints, Compliments and Suggestions

If you have a complaint, compliment or suggestion or are concerned about any aspect of our services we're keen to hear from you.

We encourage you to contact the preschool to talk about your concerns, as most problems can be solved by talking to the preschool office staff, your child's teacher or the preschool principal. They know your child and are best placed to help you. Also, it's best if you let them know about your concerns as early as possible.

We will deal with your issue thoroughly and fairly and we have a clear process for resolving problems.

Further information, including access to our Complaints Handling Policy and procedures, is available from: [www.dec.nsw.gov.au/about-us/how-we-operate/how-we-handle-complaints](http://www.dec.nsw.gov.au/about-us/how-we-operate/how-we-handle-complaints)

The Early Childhood Education and Care Directorate is the Regulatory Authority for the early childhood education and care sector in NSW. As part of this role, the Directorate receives and reviews complaints from parents and the public about any aspect of a service, including those operated by the NSW Department of Education. Further information is available at: [www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care/families](http://www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care/families)

### Checklist

**When you come to the preschool to enrol, please bring these original documents with you:**

- ☐ **Proof of child's residential address**  
(eg council rates notice, residential lease, electricity accounts, statutory declaration etc)
- ☐ **Birth certificate or identity documents**
- ☐ **Australian Childhood Immunisation Register (ACIR) Immunisation documentation** (only required for children enrolling in NSW Government preschools for the first time)

#### In addition

*If your child is the subject of family law matters you will need to provide:*

- ☐ **Copies of any family law or other relevant court orders**

#### In addition

*If your child has health, disability or other support needs you will need to provide:*

- ☐ **Copies of medical/healthcare or emergency action plans**
- ☐ **Evidence of any disability or other support needs, including any learning and support plans**
- ☐ **Low Income Health Care Card**

#### In addition

#### Non-Australian Citizens

*If your child is a permanent resident but not an Australian citizen you will need to provide:*

- ☐ **Passport or travel documents**
- ☐ **Current visa and previous visas** (if applicable)

#### In addition

#### Temporary visa holders

*If your child is a temporary visa holder you will need to provide:*

- ☐ **Passport or travel documents**
- ☐ **Current visa and previous visas** (if applicable)

**Need more help? Contact your preschool or visit [www.schools.nsw.edu.au](http://www.schools.nsw.edu.au)**



## Parent occupation groups

The main purpose for collecting this information is to promote and implement the National Goals for Schooling by informing State and Commonwealth Governments on matters that may affect resourcing to your child's preschool.

You will need to use this table to complete the 'Occupation Group' section on pages 4, 5 and 7.

The five groups listed here are used by the Australian Bureau of Statistics to classify occupations. Please choose the group (1, 2, 3, 4 or 8) that you think best describes your occupation.

If you have retired or stopped work in the past 12 months, choose the group in which you used to work.

### Group 8

- You have not been in paid work in the last 12 months

### Group 4

**Machine operators, hospitality staff, assistants, labourers and related workers**

- Drivers, mobile plant, production/processing machinery and other machinery operators
- Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper)
- Office assistants, sales assistants and other assistants
- Office (typist, word processing/data entry/business machine operator, receptionist, office assistant)
- Sales (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- Assistant/aide (trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)
- Labourers and related workers
- Defence Forces ranks below senior NCO not included below
- Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)
- Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

### Group 3

**Tradespeople, clerks and skilled office, sales and service staff**

- Tradespeople generally have completed a 4 year Trade Certificate, usually by apprenticeship. All Tradespeople are included in this group.
- Clerks (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- Skilled office, sales and service staff
- Office (secretary, personal assistant, desktop publishing operator, switchboard operator)
- Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- Service (aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

### Group 2

**Other business managers, arts/media/sportspersons and associate professionals**

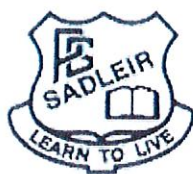
- Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- Specialist manager (finance/engineering/production/personnel/industrial relations/sales/marketing)
- Financial services manager (bank branch manager, finance/investment/insurance broker, credit/loans officer)
- Retail sales/services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)
- Arts/media/sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)
- Associate professionals generally have diploma/technical qualifications and support managers and professionals
- Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
- Business/administration (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)
- Defence Forces senior Non-Commissioned Officer

### Group 1

**Senior management in large business organisation, government administration and defence, and qualified professionals**

- Senior executive/manager/department head in industry, commerce, media or other large organisation
- Public service manager (section head or above), regional director, health/education/police/fire services administrator
- Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)
- Defence Forces Commissioned Officer
- Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others
- Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
- Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)





# SADLEIR PUBLIC SCHOOL

Insignia Street, Sadleir. NSW 2168  
Telephone: 96078201 96078919  
Fax: 96084935  
e-mail: [sadleir-p.School@det.nsw.edu.au](mailto:sadleir-p.School@det.nsw.edu.au)



---

Childs name: \_\_\_\_\_

Please indicate the group you would prefer your child to attend Preschool in 2022:

☐

Group one:

Term 1 & 2: Monday, Tuesday, Wednesday

Term 3 & 4: Monday & Tuesday

☐

Group two:

Term 1 & 2: Thursday & Friday

Term 3 & 4: Wednesday, Thursday & Friday

☐

No Preference for groups.

Please note: Not all preferences are guaranteed.

You will receive a written confirmation on your child's group during Term 4.

Kind regards,

Preschool Team



## ADDITIONAL INFORMATION FOR PRESCHOOL ENROLMENT

The following information will help us to better understand your child and to provide them with a program that specifically suits their needs and abilities. Please discuss any questions you may have with your child's teacher. This information will remain confidential.

**CHILD'S NAME:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at last birthday: \_\_\_\_\_

1. Who lives in your child's household (include ages of any other children)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What language/s are spoken in your home and by whom? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Play area available at home:

☐ inside only

☐ balcony or verandah only

☐ courtyard only

☐ front and/or back garden

### DEVELOPMENTAL HISTORY

4. Was your child premature? If yes, by how many weeks? \_\_\_\_\_

5. Does your child talk in sentences? \_\_\_\_\_

6. Is your child toilet trained? \_\_\_\_\_

7. Have you any concerns regarding your child's:

Speech/language \_\_\_\_\_

Hearing \_\_\_\_\_

Sight \_\_\_\_\_

Physical development \_\_\_\_\_

8. If yes, have you shared these concerns with any other professionals? If yes, who?

\_\_\_\_\_

\_\_\_\_\_



## **MEDICAL HISTORY**

9. Has your child had any serious illnesses or been hospitalised? If yes, please give brief details. \_\_\_\_\_

10. Has your child any known allergies? If yes, what is s/he allergic to? \_\_\_\_\_

11. Does your child regularly take any medication? If yes, which medication and what for? \_\_\_\_\_

## **EATING HABITS**

12. Does your child have any special dietary needs including food allergies? \_\_\_\_\_

13. Does your child enjoy a variety of foods? \_\_\_\_\_

## **SLEEPING**

14. What time does your child regularly go to bed at night? \_\_\_\_\_

15. What time does your child regularly wake in the morning? \_\_\_\_\_

16. Does s/he usually sleep through the night? \_\_\_\_\_

17. Does your child have a special bedtime toy? \_\_\_\_\_

18. Does your child regularly have a rest/sleep in the afternoon? If yes, for how long? \_\_\_\_\_

## **GENERAL**

19. Who will usually deliver/pick up your child? \_\_\_\_\_

20. What are your child's favourite pastimes and toys? \_\_\_\_\_



21. Have there been any major changes in your child's life in the last six months?

- ☐ new baby                      ☐ new pet                      ☐ significant family change  
☐ death in the family                      ☐ any other

22. Does your child require assistance with toileting? \_\_\_\_\_

23. What do you hope your child will gain from the preschool experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Are there any comments about your child that you feel may help us to better understand him/her (eg. likes/dislikes, special interests/talent/needs)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to share this very valuable information with us.  
We look forward to having your child and your family as part of our Preschool.

**Privacy Notice**

The information provided about ..... (child's name)  
by ..... (parent's name) is being obtained for the  
purpose of the Preschool class program development. It will be used by the Department of  
Education and Training for individual records and support intervention (if applicable).

Other persons that will be provided with this information are the School Principal, and the  
Regional Director for the purpose of supervision and program evaluation.

All information will be stored securely.

You may correct any personal information by contacting your Preschool teacher.





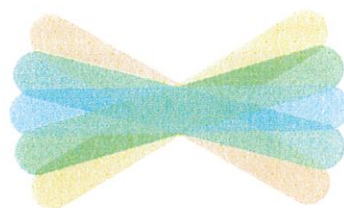
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Dear Parents and Carers,

In 2022 Sadleir preschool will be documenting each child's learning journey using the app SEESAW.



Seesaw is a simple way for teachers and students to record and share what's happening in the classroom.

## SEESAW

Each student gets their own journal and will be able to add items to it, like photos, videos, drawings, or notes.

When there are new Seesaw posts, families can be notified via app notification, email or SMS. **Parents are only notified about their own child's work, and all data is safe and secure.**

Preschool teachers can communicate with parents and families via the app and send reminders for upcoming events.

Miss Dixon  
Preschool Teacher

Mr Ralph  
Principal





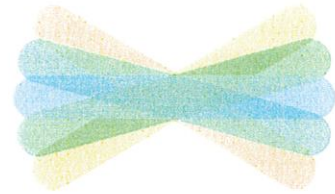
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Dear Parents and Carers,

Please fill out the details below in regards  
to your child's Seesaw Account.



## SEESAW

**Childs Name:** \_\_\_\_\_

**Email address connected to:** 1. \_\_\_\_\_

2. \_\_\_\_\_

By signing below I understand that:

- My child's photos will be uploaded to the Seesaw app
- My child may appear in whole class posts for all families to view
- My child may appear in pictures or stories and posted in other children's journal
- Miss Dixon and Mr Ralph have the right to adapt each families/parents user rights

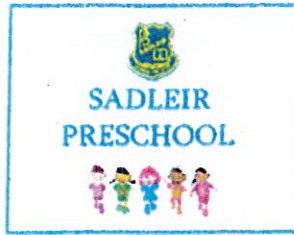
**Parent signature:**

**Date:**

Miss Dixon  
Preschool Teacher

Mr Ralph  
Principal





## Parent's/Guardian's Permission To Apply Sun cream to child

I give permission for staff at Sadleir Preschool to apply sun cream SPF-15 or higher to my child \_\_\_\_\_ when he/she will be playing outside during the months of February through December and between the daily times of 9am and 3pm.

I understand that sun cream may be applied to exposed skin, including the face, tops of ears, nose and bare shoulders, arms and legs. I have checked all applicable information regarding the type and use of sun cream for my child:

- ☐ I do not know of any allergies my child has to sun cream
- ☐ Staff may use the sun cream of their choice following the directions printed on the bottle.
- ☐ I have provided the following brand/type of sun cream for use on my child:
- ☐ My child is allergic to some sun creams. Please use only the following brand/type of sun cream:
- ☐ For medical or other reasons, please do not apply sun creams to the following areas of my child's body:

Parent/Guardian full name (print): \_\_\_\_\_

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

Date: \_\_\_\_\_