DEPARTMENT OF EDUCATION AND COMMUNITIES PRESCHOOL EXPRESSION OF INTEREST
TELARAH PUBLIC SCHOOL PRESCHOOL
2015

This is an expression of interest in attending Telarah Public School Preschool in 2015. Expressions of interest will be accepted from Terms 2 and 3 of 2014. This is not a guarantee of your child being offered a place at Telarah Public School Preschool; it is an indication that you would like your child to attend the preschool in 2015. The Preschool staff in consultation with the Principal will offer places to successful families based on the criteria outlined below. (Your child must turn 4yrs of age prior to 31st July 2015. Unless there are exceptional circumstances children can only attend a DEC preschool for one year)

Forms should be returned prior to the end of Term 2. First place offers will be made by the 21st July. Once a letter of offer is received, parents or caregivers must return a completed enrolment form by the 21st August.
A second round will be offered by the 1st September.
In 2015 Telarah Public School Preschool will be offering placements for full days over a fortnightly cycle, 9am to 3pm. White Group will be offered Monday, Tuesday and Wednesday in Cycle 1 and Monday, Tuesday in Cycle 2. Green Group will be offered Thursday, Friday in Cycle 1 and Wednesday, Thursday, Friday in Cycle 2. An opportunity to provide your group preference is below.

A priority will be given to those children based on the following criteria:

1. Aboriginal children
2. Children whose families experience disadvantage

Please take completed form to the school administration office with:

- An original Birth Certificate
- A current ACIR Immunisation History Statement which shows that the child is up to date with their scheduled immunisations or,
- A current ACIR Immunisation Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule or,
- An ACIR Immunisation Exemption Medical Contraindication Form which has been certified by an immunisation provider for a child who cannot receive one or more vaccine or,
- An ACIR Immunisation Exemption Conscientious Objection Form which has been certified by an immunisation provider and a parent/guardian. (An ACIR Conscientious Objection letter certifying that a Conscientious Objection Form has been lodged previously with the ACIR is also acceptable).

Other records such as the NSW Personal Health Record (Blue Book), a GP letter or an overseas immunisation record will not be accepted.
Family Name: ____________________________________________________________

Child’s Given Name(s): ____________________________________________________

Child’s Preferred Name: ____________________________________________________

Sex: Male / Female

Date of Birth: ______________________

Address: ______________________________________________________________

Is your child: (please tick one)
Aboriginal or Torres Strait Islander   □
Anglo Australian  □
Other: ________________________________________________________________

Group Preference: Telarah White: □          Telarah Green: □

<table>
<thead>
<tr>
<th></th>
<th>Cycle 1</th>
<th>Cycle 2</th>
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<tbody>
<tr>
<td>Telarah White</td>
<td>Monday, Tuesday, Wednesday</td>
<td>Monday, Tuesday</td>
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<tr>
<td>Telarah Green</td>
<td>Thursday, Friday</td>
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Father/Guardian’s Name: ____________________________________________________

Occupation: ______________________________________________________________

Home Telephone Phone: _____________________________________________________

Mobile Phone Number: _____________________________________________________

Medicare or Health Care Card Number: _______________________________________

Mother / Guardians Name: __________________________________________________

Occupation: ______________________________________________________________

Home Phone Number: _______________________________________________________

Mobile Phone Number: _____________________________________________________

Medicare or Health Care Card Number: _______________________________________

Emergency Contact Name (Other than Parent): ________________________________

Home Phone number: _______________________________________________________

Mobile Phone number: _____________________________________________________

Relationship to child: ____________________________________________________

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: _______________________________________________________


Please provide further details in writing, in addition to information on this form to support your expression of interest if you think it necessary. The more information you provide, the more able the school is to support you and your child.

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

If yes, please describe:

_________________________________________________________________________________
_________________________________________________________________________________

Are there any special circumstances about the child that the preschool should know prior to enrolment? (Eg. Custody) If yes, please describe:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Does your child have any allergies or ongoing medical problems? (eg Asthma, Eczema, Anaphylaxis) Yes / No

If yes, please describe:

__________________________________________________________________________

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

If yes, name of service:

__________________________________________________________________________

Name of school your child will attend in 2016: ____________________________

___________________________

NAMES OF OTHER CHILDREN RESIDING WITH YOUR CHILD (attach details of additional children to this form)

<table>
<thead>
<tr>
<th>GIVEN NAMES</th>
<th>FAMILY NAME</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>SCHOOL THEY ATTEND (If applicable)</th>
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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.

Signature of Parent / Guardian: __________________________________ Date: __________________

If an offer of placement is not taken up within four weeks the position will be declared vacant.

Please include any additional information here:
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
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__________________________________________________

Office Use Only:

Date and time received: __/__/__ Time: _____________

- Birth Certificate or identity documents sighted and photocopied for file. Yes / No
- Proof of immunisation sighted and photocopied for file. Yes / No
- Passport or travel documentation for children who are not Australian citizens sighted and photocopied for file. NA / Yes / No
- Year to attend Preschool: 2015