

# Birchgrove Public School Preschool

## Additional Information



Student/Applicant Child's Name: \_\_\_\_\_

Is applicant child currently attending a preschool or day care? Y / N

If yes, name of centre: \_\_\_\_\_

Does applicant child have any siblings currently or previously at a NSW government school? Y / N

If yes, name of most recent school: \_\_\_\_\_

If yes, please provide the details of the most recently enrolled sibling:

Sibling Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M / F

### Preferred Attendance Pattern:

The Australian Government funding supports the delivery of 15 hours of preschool a week for all children in the year before they start school. To comply with national standards, BPS Preschool offers a 3 day / 2 day alternate semester program.

While we try to accommodate your first preference, this may not always be possible.

Please select your preference for days:

☐ **Option 1:** NSW school terms 1-2: Mon-Tues-Wed, **and then** NSW school terms 3-4: Mon-Tues

☐ **Option 2:** NSW school terms 1-2: Thurs-Fri, **and then** NSW school terms 3-4: Wed-Thurs-Fri

☐ **Options 3:** Flexible / no preference

### Declaration of accuracy and signature:

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

Parent/carer title: \_\_\_\_\_ Parent/carer Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

The personal information provided on this expression of interest form is being obtained for the purposes of assessing eligibility for enrolment in the preschool class. It will be used by the Department of Education for general student administration and communication purposes and other matters relating to the education and welfare of the child. Whilst the provision of this information is voluntary, if you do not provide all or any of this information it may delay or prevent the process of an application for enrolment. This information will be stored securely. You may access or correct any personal information provided by contacting the school.

### Office use only:

☐ Aboriginality ☐ Health Care Card – Sight date: \_\_\_\_\_ ☐ Existing care program

☐ In BPS catchment area ☐ BPS sibling