

**Form** 



## PRESCHOOL ENROLMENT REGISTRATION FORM

Please complete the details on this form to register your interest in enrolling your child in a government preschool. (For eligible children according to the DECD Preschool Enrolment Policy)

You will be notified of an enrolment offer prior to your child's anticipated preschool starting date. To accept the offer and secure the place, you will need to reply within the timeframe requested in the letter of enrolment offer, and complete a preschool enrolment form.

## INFORMATION PRIVACY STATEMENT

The Department for Education and Child Development (DECD) is committed to respecting the confidentiality of information provided by children/students and parents. The information requested in this form is to enable DECD preschools to manage the enrolment of all eligible preschool children and to communicate with you.

The information provided on the enrolment registration form is stored securely in local school/preschool and DECD databases. Information from your enrolment registration form may be transferred electronically from one DECD preschool to another. The management of this information is governed by Australian, State and DECD policies to ensure the information is used only for the purposes stated above and is secure, private and confidential. The disclosure of personal information held by Government is regulated by the Information Privacy Principles. Unless required to do so by a law of the State or Commonwealth, as permitted by the Information Privacy Principles or in accordance with the Information Sharing Guidelines (see below), DECD will not otherwise disclose the information to others without your consent.

For further information, refer to http://dpc.sa.gov.au/sites/default/files/pubimages/Circulars/PC012 Privacy 0.pdf

## INFORMATION SHARING STATEMENT

There will be occasions where sharing information with others outside DECD will be important to your child's preschool placement, safety or wellbeing. In these circumstances, DECD follows the SA Government's Information Sharing: Guidelines for promoting the safety and wellbeing of children, young people and families (ISG) <a href="http://www.gcyp.sa.gov.au">http://www.gcyp.sa.gov.au</a>. Under the ISG your consent for the sharing of personal information about your child will be sought and respected in all situations unless:

- it is unsafe / impossible to gain consent or consent has been refused and
- without information being shared, a child or children will be at increased risk of serious harm.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people and their families. This site works with parents/guardians and other agencies/services to achieve that aim. Parents/guardians are strongly encouraged to share all information relevant to their child's capacity to enjoy and benefit from education:

- by using the 'additional information' section of this form, and/or
- · in discussion with staff at the time of enrolment registration, and/or
- in discussion with staff at any time in the future.

For further information please contact your local preschool or visit www.decd.sa.gov.au

Site de	etails											
Name o												
	re you registered at another government preschool(s)? No											
If yes, name of preschool(s) in order of preference:												
Have yo	u regist	ered at a	a non-gove	rnment prescho	ol(s)? No ☐ Ye	Name						
Child details												
First nar	ne:						Does your chil		y additional needs o	or a medical condition th	nat may	
Surname Family n							No 🗆	Yes	(please provide de	etails below)		
Date of I	oirth:	/ *Proof	/ of age mus	t be provided at ti	me of enrolment							
Gender	Gender: Male ☐ Female ☐											
Main Residential Address: (note that you may be requested to provide supporting documents of the child's residential address)  Address:												
Suburb/	Suburb/Town:											
Postcod	Postcode:						Please indicate the reason(s) for seeking placement at a preferred preschool (eg child care arrangements, transport)					
Mailing Address (if different from residential address)												
Intende	d Schoo	ol l										
School r	School name:											
Expecte	Expected school commencement											
Year: Term:												
Is your child of Aboriginal or Torres Strait Islander origin?												
Is this c	No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐  Is this child under the Guardianship of the Minister for Education and Child											
	ment o		native care									
Paren	t / Gua	rdian	details				<u>-</u>					
							Please check	the box or	right for preferred	method of communicati	ion	
Given n	ame:						Home phone:					
Family							Mobile:					
Relation to child							Work phone:					
Signatu	re:	,	,				Email:					
Date:		/	,				Mailing addres	ss: (as	s above)			
Detail: Name:	s of pe	erson (	completi	ng form (if of	ther than parent/	guard	dian ) Relationship t	o child:				
								o cima.				
Signatu							Date:			/ /		
Office					Anticipated preso	hool s	tart date:		Arresthar comm			
Birt				e children	Term	Yea			Any other comm	ents:		
	201	7	2018	2019	Date: /	/						
From	01/05/2	012 0	1/05/2013	01/05/2014	Parent/Guardian I		 nfirmed enrolmer	nt?				
То	30/04/2	013 3	0/04/2014	30/04/2015	Date: /	/	tchment area?					
	No D Ves D				tomicin area.				I			