



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) <http://www.gcyp.sa.gov.au>. 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 details

Name of site:

Have you registered at another government preschool(s)? No ☐ Yes ☐

If yes, name of preschool(s) in order of preference:

Have you registered at a non-government preschool(s)? No ☐ Yes ☐ Name

Child details

First name:

Surname/
Family name:

Date of birth: / /
*Proof of age must be provided at time of enrolment

Gender: Male ☐ Female ☐

Main Residential Address: (note that you may be requested to provide supporting documents of the child's residential address)

Address:

Suburb/Town:

Postcode:

Mailing Address (if different from residential address)

Intended School

School name:

Expected school commencement

Year: Term:

Is your child of Aboriginal or Torres Strait Islander origin?
No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐

Is this child under the Guardianship of the Minister for Education and Child Development or in alternative care?
No ☐ Yes ☐

Does your child have any additional needs or a medical condition that may require support?

No ☐ Yes ☐ (please provide details below)

Please indicate the reason(s) for seeking placement at a preferred preschool (eg child care arrangements, transport)

Parent / Guardian details

Given name:

Family name:

Relationship to child:

Signature:

Date: / /

Please check the box on right for preferred method of communication

Home phone: ☐

Mobile: ☐

Work phone: ☐

Email: ☐

Mailing address: (as above) ☐

Details of person completing form (if other than parent/ guardian)

Name:

Relationship to child:

Signature:

Date: / /

Office use only

Birth date range for eligible children				Anticipated preschool start date:		Any other comments:
	2017	2018	2019	Term	Year	
From	01/05/2012	01/05/2013	01/05/2014	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	
To	30/04/2013	30/04/2014	30/04/2015	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	

Parent/Guardian has confirmed enrolment?
No ☐ Yes ☐

Child resides in local catchment area?
No ☐ Yes ☐