



ASP006 - Preschool Enrolment Form

Surname: _____

Date of Birth: ____/____/____

First Name: _____

Gender: Male Female

Middle Name: _____

Date Registered: ____/____/____

Preferred Name: _____

Date Enrolled: ____/____/____

Residential Address:

Address: _____

Postal Address:

Address: _____

Suburb: _____

Suburb: _____

Post Code: _____

Post Code: _____

Phone Number: _____

Intended School: _____

on: ____/____/____

Parental Status:

- Two Parent Home Guardian/s
 Shared Parenting Other
 Supporting Parent/Female Not Known
 Supporting Parent/Male

Arrived in Australia within the last 12 months?

Country of Birth: _____

Is English the main language?

Other Language: _____

Culture/Religion: _____

Guardianship of Minister

GOM Type: _____

Aboriginal or Torres Strait Islander

Families SA ID: _____

Health Care Card Sighted: ____/____/____

Custody Issue: _____

Medical Conditions

Details

Medicine

Allergies

Doctor Details

Name: _____

Comments: _____

Address: _____

Suburb: _____

Post Code: _____

Parenting Benefits Sighted

Date of last CYH Screening: ____/____/____

Phone Number: _____

Special Need 1: _____

Special Need 2: _____

Description: _____

Description: _____

Agencies Involved: _____

Agencies Involved: _____

Support Received: _____

Support Received: _____

Contact Person: _____

Contact Person: _____

Review Meeting Due: ____/____/____

Review Meeting Due: ____/____/____

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Adult Information 1

Surname: _____
First Name: _____
Address: _____
Suburb: _____
Post Code: _____

Home Phone: _____
Work Phone: _____
Language: _____
Country of Birth: _____

Arrived in last 12 months?
Comments: _____

Role: _____
Relationship: _____
Employment Status: _____
Contact Priority: _____
Mobile: _____

Interpreter Required? Correspondence?
Email/Fax: _____
Culture/Religion: _____
Preferred Method: _____

Adult Information 2

Surname: _____
First Name: _____
Address: _____
Suburb: _____
Post Code: _____

Home Phone: _____
Work Phone: _____
Language: _____
Country of Birth: _____

Arrived in last 12 months?
Comments: _____

Role: _____
Relationship: _____
Employment Status: _____
Contact Priority: _____
Mobile: _____

Interpreter Required? Correspondence?
Email/Fax: _____
Culture/Religion: _____
Preferred Method: _____

Emergency Information 1

Surname: _____
First Name: _____
Address: _____
Suburb: _____
Post Code: _____
Home Phone: _____
Work Phone: _____

Relationship: _____

Mobile: _____
Email/Fax: _____

Emergency Information 2

Surname: _____
First Name: _____
Address: _____
Suburb: _____
Post Code: _____
Home Phone: _____
Work Phone: _____

Relationship: _____

Mobile: _____
Email/Fax: _____

Emergency Information 3

Surname: _____
First Name: _____
Address: _____
Suburb: _____
Post Code: _____
Home Phone: _____
Work Phone: _____

Relationship: _____

Mobile: _____
Email/Fax: _____

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Sibling Information

<u>First Name</u>	<u>Surname</u>	<u>Date of Birth</u>	<u>Enrolled</u>
_____	_____	___/___/___	<input type="checkbox"/>
_____	_____	___/___/___	<input type="checkbox"/>
_____	_____	___/___/___	<input type="checkbox"/>
_____	_____	___/___/___	<input type="checkbox"/>

Permissions

To grant permission, sign next to each Activity

photo allowed

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Other Child Care Providers

Comments:

INFORMATION PRIVACY STATEMENT

COLLECTION OF PERSONAL INFORMATION

The information requested in the Enrolment Forms will enable the department
undertake administrative and child/student care responsibilities;
collect necessary statistical information;
report to other government authorities and funding agencies;
undertake an analysis of the composition and performance of the child/student population; and
meet the requirements of the Education Act 1972.

DISCLOSURE OF PERSONAL/HEALTH INFORMATION

Health information may be disclosed to assist with health support or emergency care.
The privacy of personal information held by the Government is regulated by the 'Information Privacy Principles'
(http://www.archives.sa.gov.au/services/public/privacy_index.html - Department of Premier and Cabinet Circular no. 12). Personal
information will only be disclosed to State and Commonwealth public sector agencies as permitted by those Principles.

All information requested in the Enrolment Form is required so that the Department can provide all resource entitlements to children and students. A failure to provide all information may mean that some facilities and services may not be available.

Signature of Parent or Guardian _____ **Date** _____