



# TELARAH PUBLIC SCHOOL PRESCHOOL

Principal: Aimee Vincent  
P: 02 4932 8477  
E: telarah-p.school@det.nsw.edu.au

George Street  
TELARAH NSW 2320



## DEPARTMENT OF EDUCATION AND COMMUNITIES PRESCHOOL EXPRESSION OF INTEREST

Expressions of interest will be accepted at anytime during the school year. 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. 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 31 July. Unless there are exceptional circumstances children can only attend a DEC preschool for one year**

Telarah Public School Preschool offer placements for 5 full days over a fortnightly cycle, 9am to 3pm in line with DET school terms.

	Cycle 1	Cycle 2
<b>White Group</b>	Monday, Tuesday Wednesday	Monday, Tuesday
<b>Green Group</b>	Thursday, Friday	Wednesday, Thursday Friday

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

- 1. Aboriginal children**
- 2. Children whose families experience disadvantage**

Please return completed form to the school administration office with:

- An original Birth or secondary document such as a passport, blue book, hospital birth card, baptism, christening, name giving or similar record
- 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

OFFICE USE ONLY	Year to attend Preschool:		
EOI Form	<b>given:</b>	<b>returned:</b>	
Enrolment Form	<b>given:</b>	<b>returned:</b>	
Birth Certificate sighted/photocopied	<b>Y</b>	<b>N</b>	
Copy of ACIR Immunisation History Statement	<b>Y</b>	<b>N</b>	
Passport/Travel documentation	<b>Y</b>	<b>N</b>	<b>N/A</b>
Office notes			
Office staff initials			



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**Child's Family Name:**

**Child's Given Name/s:**

**Sex:** Male / Female

**Date of Birth:**

**Address:**

**Is your child: (please tick one)**

Aboriginal or Torres Strait Islander

Anglo Australian

Other:

(please indicate)

**Year to attend Preschool:**

**Group Preference:** White Group:  Green Group:  (Please tick)

**Name Parent / Carer 1 Name:**

Occupation:

Email:

Mobile:

Medicare or Health Care Card Number:

**Name Parent / Carer 2 Name:**

Occupation:

Email:

Mobile Phone Number:

Medicare or Health Care Card Number:

**Emergency Contact Name (Other than Parent):**

Email:

Mobile:

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:



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- 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)**      **YES**      **NO**

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 the year after Preschool**



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## NAMES OF OTHER CHILDREN RESIDING WITH YOUR CHILD

(attach details of additional children to this form)

	GIVEN NAMES	FAMILY NAME	DATE OF BIRTH	SEX	SCHOOL THEY ATTEND (If applicable)
1					
2					
3					
4					
5					

Please include any additional information here to support your application:

***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.***