



WAITLIST APPLICATION FORM FOR SIBLING

By completing and lodging the form below your child's name will be placed on our Waitlist.

When a place becomes available we will contact you to commence the enrolment procedure.

We would appreciate if you could keep us informed of changes to your details so we can contact you.

There is a non-refundable Waitlist fee of \$15.00. Payment can be made by EFT Only:

EFT (BSB: 939-200, Account: 849 803 606) Date Paid: _____ Ref Used : _____

PLEASE FILL IN ALL AREAS OF FORM

CHILD INFORMATION

Full Name: _____ Any other or former name(s) of the child: _____

Date of Birth:

/ / 2 0

Home Telephone Number: _____

Gender:

Male Female

Home Address: _____

Suburb: _____

Post Code:

Special requirements concerning this child (allergies/illness): _____

Year your child is eligible to attend school: 2 0

(turns five (5) years of age on or before 31st July)

Intended School: _____

Priority of Access – please tick if any of the following apply to your child:

- Child at risk of harm
- Aboriginal and Torres Strait Islander children
- Children from low income families (reduced fees may be available)
- Children from culturally and linguistically diverse backgrounds
Cultural Background: _____ Language spoken: _____
- Children with additional needs/disabilities
Details: _____
- Children in the year before school (with highest priority given to children closest to school entry)

PARENT/GUARDIAN INFORMATION

Mother/Parent One/Guardian One

Full Name: _____

Mobile Number: _____

Work Number: _____

Email Address: _____

Are you: Working Studying Volunteering

Father/Parent Two/Guardian Two

Full Name: _____

Mobile Number: _____

Work Number: _____

Email Address: _____

Are you: Working Studying Volunteering

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DAYS OF CARE REQUIRED

We offer four different groups, please number your preferences 1 to 4:

- Group 1 – Monday and Tuesday
- Group 2 – Monday, Tuesday and Wednesday
- Group 3 – Wednesday, Thursday and Friday
- Group 4 – Thursday and Friday

Please note these groups may change depending on availability and requirements.

Date care is required from: / / 2 0

(Please note, if your child does not turn three (3) at the beginning of the year, you will be charged the daily fee to hold your child's place. Also, it may not be possible to commence on the above date)

Are you flexible on the days you have selected? Yes No

Do you currently have any child care for this child? Yes No

If yes, where: _____

Sibling Name/s: _____ Sibling Class/es _____

Additional Comments: _____

Parent Signature: _____ **Date of application:** / / 2 0

Office Use Only

Date Paid: / / 2 0 **Received:** / / 2 0

Class Placed: Lorikeet Cockatoo Kookaburra Rosella **Start Date:** / / 2 0