



25 Munda St Randwick 2031
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OFFICE USE ONLY			
Date received:			
\$20 received:	Cash	EFT	Direct Deposit

S.O.S. PRE-SCHOOL

WAITING LIST APPLICATION FORM

\$20 WAITING LIST ADMINISTRATION FEE to be paid upon filling in this form. Fee is non-refundable.

As of 1 January 2018, we are unable to enrol children who are unimmunised due to conscientious objection.

CHILD'S FAMILY NAME: CHILD'S FIRST NAME: GENDER F M

DATE OF BIRTH: CHILD'S ADDRESS:

PARENT ONE NAME:..... PHONE NUMBER:

OCCUPATION: EMAIL:.....

PARENT TWO NAME:..... PHONE NUMBER:.....

OCCUPATION: EMAIL:.....

PARENTS COUNTRY OF BIRTH:CHILD'S COUNTRY OF BIRTH:.....

PRIMARY LANGUAGE SPOKEN AT HOME:

DO YOU OR YOU CHILD IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER? YES NO

DAYS OF ATTENDANCE REQUIRED (circle): PREFERRED YEAR OF ENTRY

MON TUE MON TUE WED WED THUR FRI THUR FRI

Please note that we only offer 2 or 3 day enrolments

DOES YOUR CHILD HAVE A DISABILITY OR DELAY? If so, please provide details and any reports.

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DO YOU HAVE A GOVERNMENT HEALTH CARE CARD WITH PARENT NAME LISTED? YES NO

Please note that this does NOT mean a Medicare card

(fee relief subsidised places are only available if government funding is available, if not then full fees would be payable)

PLEASE INDICATE YOUR COMBINED GROSS INCOME: (please circle)

Below \$30,000 \$30,000- \$51,000 Over \$51,000

By completing this form and paying the \$20 Waiting List fee your child's name goes onto a waiting list. Unfortunately, there is no guarantee that you will be offered a place but we will do our best.

SIGNED:..... (Parent/Guardian) DATED:.....