

EARLY ENTRY FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

Early Entry for Aboriginal and Torres Strait Islander children is available for children in the semester prior to their preschool year in an ACT Public School. Placements are offered from the beginning of Term Three if preschool places are available.

ELIGIBILITY

To be eligible for consideration under this procedure the child:

- must identify as Aboriginal and/or Torres Strait Islander; and
- must turn three years of age before 30 April to commence preschool. Children younger than this will not be eligible for Early Entry consideration.

INFORMATION

Children can attend the [Koori Preschool Programs](#) for up to nine hours per week in addition to applying for Early Entry.

Families applying for Early Entry for Aboriginal and Torres Strait Islander children should also apply for preschool the following year, as a separate process. Early Entry placement is not a guarantee of placement the following year at a preschool that is not in the family's priority enrolment area.

http://www.det.act.gov.au/school_education/enrolling_in_an_act_public_school

PROCEDURES FOR PARENTS

Early Entry Applications must include:

- Application Form
- Health Care Provider Form
- Proof of age of the child (e.g. copy of birth certificate or passport)
- Proof of residency in the ACT (e.g. utility bill)

Application forms can be lodged with the school from the beginning of the school year. Placements are offered from the beginning of Term Three in the school year. Should a place not be available in the Priority Enrolment Area (PEA) preschool, families are able to approach other schools to seek placement.

1. Families will need to complete the application form at [Attachment A](#).
2. Families are required to take the 'Health Care Professional' form at [Attachment B](#) to their health care provider (e.g. Doctor, Teacher, Social Worker, Care Worker) for completion.



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3. Families will be required to provide Early Entry application to PEA Public School for when applying for preschool placement.
4. Families may take their application to a second preference school for consideration if their first preschool placement is unsuccessful.
5. Successful applicants begin their placement in Term Three.

For more information about Early Entry for Aboriginal and Torres Strait Islander Children please speak to Priority Enrolment Area Public School.



APPLICATION FORM: EARLY ENTRY FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

The ACT Education and Training Directorate collects the information on this form to enable it to effectively manage early entry enrolment to ACT Public (ie government) schools. Information may be shared with ACT public schools. Information contained on this form is personal information and will be stored, used and disclosed in accordance with the Privacy Act 1988 and Freedom of Information Act 1989.

Part A: Child's details – to be filled out by Parent/Guardian

Child's Family Name: _____

Child's Given Name/s: _____

Child's Date of Birth: _____

Is your child male or female? _____

Country of Birth: _____

Child's Address: _____

Language spoken at home: _____

Part B – Parent/Carer and Family Details

Parent/Carer 1 Details

Parent/Carer 1 Name: _____

Address: _____

Phone number: _____

Parent/Carer 2 Details

Parent/Carer 2 Name: _____

Address: _____

Phone number: _____

Other children in the family:

Name: _____ Male/Female Date of birth: _____

Name: _____ Male/Female Date of birth: _____

Name: _____ Male/Female Date of birth: _____



Part C – Information about preferred placement

Early Entry Aboriginal and or Torres Strait Islander placement request for Term Three 20_____

First Preschool preference:_____

Second Preschool preference:_____

Reason why the placement is requested:_____

Does your child attend the Koori Preschool Program?_____

If yes, please state which site:_____

Does your family speak Aboriginal English at home?_____

Does your family speak a traditional Aboriginal and/or Torres Strait Islander language at home?_____

If yes, please state which language/s:_____



**This form is to be filled in by a Health Care Professional
(eg Doctor, Teacher, Social Worker, Case Worker).**

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Please ensure that all sections are completed.

Name: _____ Date: _____

Position: _____ Phone: _____

Organisation: _____

Relationship to child: _____

Child's Name: _____ Date of Birth: _____

1. How long have you known this family? _____

2. What languages are spoken in this child's home? How fluent is the child in these languages?

3. What is the child's position in the family? (e.g. eldest of 4)

4. What opportunities does the child have to speak English?

5. How would Early Entry into preschool benefit this child?

6. Is there anything else that should be considered in relation to this application?

Signature: _____ Date: _____