## Early Entry to Preschool or Kindergarten Parent Nomination Form

Please complete the child and family details below and ensure you have attached:

* proof of birth date of child (e.g. copy of child’s birth certificate or passport)
* proof of residency in the ACT (e.g. utility bill)
* proof of parent/guardian Australian citizenship or residency (e.g. birth certificate, passport or visa)
* cognitive assessment report showing the child has an interpretable Full-Scale Intelligence Quotient (FSIQ) of 130 and above.   
  (For families unable to provide a report due to fiscal disadvantage please contact Senior Director of Learning and Teaching Policy and Service Design [EDU.Consultation@ed.act.edu.au](mailto:EDU.Consultation@ed.act.edu.au))

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| **Child & Family Details** | | | | |
| **Child’s name:** | | | | |
| **Date of birth:** | | **Child’s gender:** | | |
| **Proposed grade for Early Entry (Please Circle): Preschool / Kindergarten** | | | | |
| **Priority area school for enrolment:** | | | | |
| **Have you made an application to any other schools outside of the ACT Public school system? YES / NO If so, which school?** | | | | |
| **Current child care arrangements/centre:** | | | | |
| **Name of Parent(s) or Guardian/Carer(s):**  **1.** | | **2.** | | |
| **Address/s:**  **1.** | | **2.** | | |
| **Phone number/s:**  **1.** | | **2.** | | |
| **Email contact:**  **1.** | | **2.** | | |
| **Siblings:** | | | | |
| **Name** | **School** | **Grade** | **Age** | **Gender** |
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| **Will any older siblings be starting preschool or kindergarten next year? YES/ NO** | | | | |

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| OFFICE USE ONLY  **Current Low Income Health Care Card YES / NO** |