



## Preschool Expression of Interest 2026

### Priority of Enrolment

Children can enrol in preschool from the beginning of the school year if they turn four years of age on or before 31 July that year. Public preschools enrol children for **ONE** year only, the year before they start school.

Priority is given to:

- Aboriginal or Torres Strait Islander children
- children living in low socioeconomic circumstances
- children unable to access other early childhood services due to disadvantage or financial hardship.

The principal will offer enrolment in the following order (after the above priorities):

1. children living within the school's enrolment designated intake area.
2. children living outside the school's designated intake area and who have siblings enrolled in the school.
3. children living outside the school's enrolment designated intake area.
4. if your child will be attending Mascot Public School Kindergarten 2027.
5. Children turning 5 years old in 2026

Enrolment in a preschool class within a school does not automatically translate to an entitlement to enrol in that school in Kindergarten. The Enrolment of Students in NSW Government Schools policy and General enrolment procedures apply from kindergarten onwards.

**Child's Name:** \_\_\_\_\_

**Name of the School your child will be attending in 2027 (required)**

\_\_\_\_\_

Name of your child's siblings:

Give Name	Family name	Date of Birth	Name of School



## Preschool Student Information

**This information will remain confidential.**

Child's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Language spoken at home/ cultural heritage your family identifies with:

\_\_\_\_\_

Court/custody orders – details and dates:

\_\_\_\_\_

Has your child attended pre-school, occasional care or day care?  
(Please circle appropriate) Yes / No

If yes, where \_\_\_\_\_ when \_\_\_\_\_

What is a goal that you would like your child to work towards at preschool?

\_\_\_\_\_

What are your child's interests?

\_\_\_\_\_

What are your child's strengths?

\_\_\_\_\_



## Preschool Student Information - Medical

Does your child have any allergies? (please circle) Yes/No If yes, what allergies?

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Is your child asthmatic? (please circle) Yes/No If yes, how severe?

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Does your child require any medications? (please circle) Yes/No If yes, please provide details including dosage and frequency:

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Is your child epileptic? (please circle) Yes/No If yes, please provide more details:

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Does your child have any sight, hearing or speech issues? (please circle) Yes/No  
If yes please specify:

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Does your child have any developmental concerns? (please circle) Yes/No  
If yes please specify:

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Is there any other information on your child's health, toileting or behaviour that the teacher should know?

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