



Griffith Wiradjuri Aboriginal Preschool Inc
 PO Box 8046 East Griffith, NSW 2680
 101 Blumer Avenue Griffith, NSW 2680
 Fax: (02) 69648597

Waitlist Application

Child Details	
Name	
Date of Birth	
Gender (Please Circle)	Male / Female
Aboriginal/Torres Strait Islander Status (Please Circle)	Aboriginal Torres Strait Islander Aboriginal G Torres Strait Islander Non-Aboriginal/Torres Strait Islander
Preferred Days - Year before kindergarten (Please Circle)	Monday/Tuesday/Wednesday OR Wednesday/Thursday/Friday
Preferred Days - 3 years old not going into kindergarten (Please Circle)	Monday/Tuesday OR Thursday/Friday

Parent/Guardian 1 Details		Parent/Guardian 2 Details	
Name		Name	
Address		Address	
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Work Phone		Work Phone	
Email		Email	
Aboriginal/Torres Strait Islander Status (Please Circle)	Aboriginal Torres Strait Islander Aboriginal G Torres Strait Islander Non-Aboriginal/Torres Strait Islander	Aboriginal/Torres Strait Islander Status (Please Circle)	Aboriginal Torres Strait Islander Aboriginal G Torres Strait Islander Non-Aboriginal/Torres Strait Islander
Employment Status (Please Circle)	Full Time Employment Part Time Employment Casual Employment Not Employed	Employment Status (Please Circle)	Full Time Employment Part Time Employment Casual Employment Not Employed
Any known health issues, developmental delays, or disabilities		Any known health issues, developmental delays, or disabilities	



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Do you have a healthcare card? (Please Circle)	Yes / No
Does your child have any known health issues, developmental delays, or disabilities?	
Is your child attending another early education service? If yes, what service G how many days?	
What year will your child be attending preschool? If known, at which school?	Year: School:
Will your child have transport to preschool? (Please Circle)	Yes / No

By filling out this application, your child will go on a waiting list. This does not guarantee a place for your child at Griffith Wiradjuri Aboriginal Preschool.

Applicant Name: _____

Applicant Signature: _____

Date: _____

OFFICE USE ONLY

DATE RECEIVED:
STAFF MEMBER:
EMAIL / IN PERSON / MAIL