Nyngan Pre school 2026 Application for Enrolment

Child's Name	DOB
Gender: Male / Female	
Parent's Names	and
Address	Phone
Email address	
What year will your child commence school? (ple	ase circle) 2027/2028/2029
The following information is required for funding	purposes and will be kept confidential.
Has your child been referred to a children's thera e.g. Speech, occupational, paediatrician	pist? Yes / No
If Yes please give details	
Do you have any concerns in regard to your child	's development? Yes / No
Please give details	
Does your child have a current NDIS plan? YES/NO	O ***If yes, please provide copy of plan***
Is your child of Aboriginal/Torres Strait Islander d	escent? Yes / No
Do you hold a current Health Care Card?	Yes / No
For Children in the year before school (going t week please circle your preference/s	o school in 2027) can choose two or three days pe
MONDAY TUESDAY WED	NESDAY THURSDAY FRIDAY
With the forecast of a high number of enrolments in 2026, we are a	t this stage, unsure if we will be able to continue this pattern in 2026.
We are asking families to apply for their preferred three days per way be in the unfortunate position to only offer two days.	eek, and we will do our utmost to accommodate them, although we
We will let families know as soon as possible of the enrolment outcome.	ome for 2026.
For children NOT in the year before school choose two days per week—please circle you	

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY