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| **KINDERGARTEN REGISTRATION EXCEPTIONAL CIRCUMSTANCES REQUEST FORM** | | | | | | |
| **To be eligible to submit this request form, the following criteria must be met.**   * **The applicant is applying for registration for a 3 or 4-year-old kindergarten in the Wyndham City Central Registration Scheme.** * **The application for exceptional circumstances must relate to either the child being enrolled in kindergarten or the child’s parents/legal guardian or siblings.** * **All applications must provide supporting documentation from a medical practitioner, heath provider or an organisation/authority with expertise in a relevant field.**   **All applications will be presented to the Central Registration Review Panel for deliberation. The panel will consist of; The Coordinator of Early Education and Care Services and the Area Leader of Operations and Administration.**  ***Please Note:*** *Exceptional circumstance covered under Council’s Kindergarten Priority of Access do not need an exceptional consideration form to be completed. Exceptional circumstances would not ordinarily include transport or work circumstances.*  *For further information, please visit our Kindergarten Registration Exceptional Circumstances Policy on* [*https://wyndham.vic.gov.au*](https://wyndham.vic.gov.au) | | | | | | |
| **All requests will be actioned within 15 business days and a response will be sent to you in writing advising of the outcome.** | | | | | | |
| **Year of Attendance:**  **🞏 Applying for 3-Year-Old Kindergarten**  **🞏 Applying for 4-Year-Old Kindergarten** | | | | | | |
| **CHILD’S DETAILS** | | | | | | |
| **Given Names (as stated on Birth Certificate):** | | | | | | |
| **Family Name/Surname:** | | | | | | |
| **Parent / Legal Guardian** | | | | | | |
| **Given Name:** | | | | | | |
| **Family Name / Surname:** | | | | | | |
| **Address:** | | | **Suburb:** | | | **Postcode:** |
| **Telephone: Home:** | | **Work:** | | | **Mobile:** | |
| **Email Address:** | | | | | | |
| **Please indicate your reasons for applying for exceptional circumstances:** | | | | | | |
|  |  | | | | | |
| Parent / Legal Guardian’s Name: | | | | | | |
| Signature: | | | | Date: / / | | |

***Please attach a copy of all your relevant supporting documentations to this application form.***

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| **OFFICE USE ONLY** | |
| **Date Exceptional Circumstances Form Received:** | |
| **Enrolment Application Number:** | |
| **Decision:**  **🞏 Approved**  **🞏 Declined**  **Reason for decision:** | |
| **Coordinator’s Name:** | |
| **Coordinator’s Signature:** | **Date:** |
| **Area Leader’s Name:** | |
| **Area Leader’s Signature:** | **Date:** |