

Name of Preschool \_\_\_\_\_

Previously / also enrolled at \_\_\_\_\_

Name of student \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Form

P

Please complete the details on this form to enrol your child in the preschool program.  
(for eligible children according to the Department for Education's School and Preschool Enrolment Policy)

### INFORMATION PRIVACY STATEMENT

The Department for Education (department) is committed to respecting the confidentiality of information provided by children/students and parents, for example, information requested on child/student enrolment forms.

The information in this form is requested to enable the department to:

- undertake administration and care responsibilities including maintaining emergency contact information
- communicate with you about important matters
- provide first aid and plan for child/student health support requirements
- provide all information required for resource entitlements
- collect necessary statistical information and undertake analysis of the composition and performance of the child/student population
- meet reporting requirements, including to other government authorities and funding agencies.

If organisations are contracted on behalf of the department to undertake tasks that require access to enrolment data, the contract(s) between the department and those organisations will include strict confidentiality and disposal provisions.

**The Education and Care Services National Regulations require enrolment records to include the information marked with an asterisk (\*) for each child.** Although some items on the enrolment form are not mandatory to complete under the national regulations, provision of this information will be beneficial to your child's school/preschool for planning and resourcing decisions.

The information provided in enrolment forms is stored securely in local school/preschool and departmental databases. Information from your enrolment form may be transferred electronically from one site to another as your child moves locations between levels of education. Any such transferred information will be updated by information provided on the current enrolment form. While your child is enrolled in a department site, other information will be gathered relating to your child's education and wellbeing, for example, records of learning progress, absences from preschool, behaviour, health and social development reports, observations and assessments.

The management of this information is governed by Australian, State and department policies and legislation to ensure that the information is used only for the purposes stated above and is secure, private and confidential. Only unidentifiable data is reported to the Commonwealth and the department may also provide de-identified student information for research, where appropriate, based on department operating principles and ethics guidelines.

The disclosure of personal information held by Government is regulated by the Information Privacy Principles (see [www.dpc.sa.gov.au/IPPS](http://www.dpc.sa.gov.au/IPPS)). Unless required to do so by a law of the State or Commonwealth, as permitted by the Information Privacy Principles or in accordance with the Information Sharing Guidelines (see below), the department will not otherwise disclose the information to others without your consent.

### INFORMATION SHARING STATEMENT

There will be occasions where sharing information with others outside the department will be important to your child's educational progress, safety or wellbeing. In these circumstances, the department follows the SA Government's Information Sharing: Guidelines for Promoting Safety and Wellbeing (ISG) [www.dpc.sa.gov.au/ISG](http://www.dpc.sa.gov.au/ISG) Under the ISG your consent for the sharing of personal information about your child will be sought and respected in all situations unless:

- disclosure is authorised or required by law; or
- it is unsafe / impossible to gain consent or consent has been refused and
- without information being shared, a child or children will be at increased risk of serious harm.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people and their families. This site works with parents and other agencies/services to achieve that aim. Parents are strongly encouraged to share all information relevant to their child's capacity to enjoy and benefit from education:

- by using the 'any other information' section of this form, and/or
- in discussion with staff at the time of enrolment, and/or
- in discussion with staff at any time in the future.

**Has the person conducting the interview explained the Information Privacy Statement and Information Sharing Statement?**

Parent signature

Refer to the occupation groups listed below when completing the questions on pages 5 and 6.

Group 4 Other Occupations	Group 3 Trades and advanced/ intermediate clerical, sales and service staff	Group 2 Other business managers, arts/media/sportspersons and associate professionals	Group 1 Senior management in large business organisation, government administration and defence, and qualified professionals
<b>Drivers</b> mobile plant, production/processing machinery other machinery operators. <b>Hospitality staff</b> hotel service supervisor receptionist waiter bar attendant kitchenhand porter housekeeper <b>Office assistants</b> typist word processing data entry business machine operator receptionist office assistant <b>Sales assistants</b> sales assistant motor vehicle/caravan/parts salesperson checkout operator cashier bus/train conductor ticket seller service station attendant car rental desk staff street vendor telemarketer shelf stacker <b>Assistant/aide</b> trades' assistant school/teacher's aide dental assistant veterinary nurse nursing assistant museum/gallery attendant usher home helper salon assistant animal attendant <b>Labourers and related workers</b> <b>Defence Forces</b> other ranks below senior NCO not included above <b>Agriculture, horticulture, forestry, fishing, mining worker</b> farm overseer shearer, wool/hide classer farm hand horse trainer nurseryman greenkeeper gardener tree surgeon forestry/logging worker miner seafarer/fishing hand <b>Other worker</b> labourer factory hand storeman guard cleaner caretaker laundry worker trolley collector car park attendant crossing supervisor	<b>Tradesmen/women</b> Generally have completed a 4 year Trade Certificate, usually by apprenticeship All tradesmen/women are included in this group <b>Clerks</b> bookkeeper bank/PO clerk statistical/actuarial clerk, accounting/claims/audit clerk payroll clerk recording/registry/filing clerk betting clerk stores/inventory clerk purchasing/order clerk freight/ transport/shipping clerk bond clerk customs agent customer services clerk, admissions clerk <b>Skilled office staff</b> secretary personal assistant desktop publishing operator switchboard operator <b>Skilled sales staff</b> company sales representative auctioneer insurance agent/assessor/loss adjuster market researcher <b>Skilled service staff</b> aged/disabled/refugee/child care worker nanny meter reader parking inspector postal worker courier travel agent tour guide flight attendant fitness instructor casino dealer/supervisor	<b>Owner/manager</b> farm construction import/export wholesale manufacturing transport real estate business <b>Specialist manager</b> finance Engineering Production Personnel industrial relations sales/marketing <b>Financial services manager</b> bank branch manager finance/investment/insurance broker credit/loans officer <b>Retail sales/services manager</b> shop petrol station restaurant club hotel/motel cinema theatre agency <b>Arts/media/sports</b> musician actor dancer painter potter sculptor journalist author media presenter photographer designer illustrator proof reader sportsman/woman coach trainer sports official <b>Associate professionals</b> generally have diploma/technical qualifications support managers and professionals. <b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional <b>Business/administration</b> recruitment/employment/ industrial relations/ training officer marketing/ advertising specialist market research analyst technical sales representative retail buyer office/project manager <b>Defence Forces</b> senior Non-Commissioned officer	<b>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</b> <b>Public service manager</b> (Section head or above), regional director health/education/police/fire services administrator <b>Other administrator</b> school principal faculty head/dean library/museum/gallery director research facility director <b>Defence Forces</b> Commissioned Officer <b>Professionals</b> generally have degree or higher qualifications and experience in applying knowledge to <ul style="list-style-type: none"> <li>• design, develop or operate complex systems;</li> <li>• identify, treat and advise on problems;</li> <li>• and teach others.</li> </ul> <b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional. <b>Business</b> management consultant business analyst accountant auditor policy analyst actuary valuer <b>Air/sea transport</b> aircraft/ship's captain/officer/pilot flight officer flying instructor air traffic controller
<b>Parent's education, qualification and occupation</b> <p>The questions about each parent education, qualifications and employment group are asked on all school enrolment forms.</p> <p>In South Australia this information is used in determining each school's Index of Educational Disadvantage (IED), which is linked to funding levels.</p> <p>In the future this information may be used to determine resource allocations to Preschools.</p>			

Immunisation (OFFICE USE ONLY)

Children will not be able to be enrolled in or attend preschool unless all immunisation requirements are met.

**A.** Is the child being cared for in accordance with a parenting order under *the Family Law Act 1975, the Family Court Act 1997 or the Children and Young People (Safety) Act 2017*?  
If **YES**, the child is exempt from the immunisation requirements and the rest of this section is not required to be completed

Yes ☐ No ☐

**B.** Has the child's parent provided an approved immunisation record?  
If **NO**, the child may not be enrolled in or attend preschool.  
(an approved immunisation record will be an extract from the Australian Immunisation Register and be provided at the time of enrolment, extracted from the Register no earlier than one month prior to that enrolment)

Yes ☐ No ☐

**C.** If **YES** for question B, does the child's immunisation state:

- up to date, or
- up to date on a catch up schedule with a future date

Please indicate the catch up schedule end date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes ☐ No ☐

Yes ☐ No ☐

If **NO**, does the child have an Immunisation Exemption Notice from the Chief Public Health Officer (CPHO)?  
If **YES**, please indicate the valid end date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
If a response of **NO** has been provided in all boxes in section C, the child may not be enrolled in or attend preschool.

Yes ☐ No ☐

Child personal details

\*Surname/  
Family name:

\*First name:

Middle name:

Preferred name:

Main Contact  
Number:

\*Gender:    Male ☐ Female ☐ Undeterminate/Intersex/Unspecified ☐

\*Date of birth:

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Contact  
Type:

☐ Mobile  
☐ Home Phone  
☐ Work Phone

Proof of age:

☐ Birth Certificate  
☐ Centrelink Document  
☐ Passport  
☐ No proof provided (Estimated)

Address

**Child's residential address 1**

\*Address:

\*Suburb/Town:

\*Postcode:

**Child's residential address 2 (If in shared care)**

\*Address:

\*Suburb/Town:

\*Postcode:

Cultural background

In which country was the child born?    Australia ☐    Other ☐

Please specify:

If other, on what date did the child arrive in Australia?

If the child speaks a language other than English at home, what languages (including English) does the child speak?

\*Main language:

\*Other language/s:

\*What is the child's cultural background?

Does the site need to be aware of any cultural or religious requirement?

Yes ☐    No ☐ *More information can be provided on page 8*

Details:

\*Is the child of Aboriginal or Torres Strait Islander origin?

☐ Aboriginal

☐ Torres Strait Islander

☐ Aboriginal and Torres Strait Islander

☐ Not Aboriginal or Torres Strait Islander

☐ Not Stated

School details

Which school do you intend to send the child to?

When will the child start school?

**Custody and Court Orders**

\*Is the child in care and subject to a custody or guardianship order under the *Children and Young People (Safety) Act 2017 (SA)*?

No ☐    Yes ☐

*If Yes, has the "Admission process for enrolling or transferring a child or young person in care" process been followed? For further details preschools should refer to the admission procedure. These forms will provide the necessary information for data input.*

\*Are there any current court-sanctioned orders relating to the child? If yes, a copy of the order must be provided for the school's records.

No ☐    Yes ☐

*If yes, on what date was the full-court order issued?*

Details: *More information can be provided on page 8*

## Medical Conditions

**\*Does the child have a diagnosed medical condition that may require support?** Yes ☐ No ☐

If Yes, please tick relevant condition/s and provide details  
(eg. inhaler for asthma, blood glucose monitoring for diabetes, Adrenaline auto-injector for anaphylaxis)

- ☐ Asthma  
☐ Diabetes  
☐ Continence  
☐ Medication  
☐ Oral drinking/eating  
☐ Other (specify)

Details:

**Are there any health related dietary restrictions?** Yes ☐ No ☐

Details: *More information can be provided on page 8*

Medicine:

## Allergies

**\*Does the child have any allergies?** Yes ☐ No ☐

If Yes, please tick relevant allergy and provide details

- ☐ Bees  
☐ Dairy Products  
☐ Gluten  
☐ Nuts  
☐ Penicillin  
☐ Yeast  
☐ Other (specify)

Details:

**Are there any allergy related dietary restrictions?** Yes ☐ No ☐

Details: *More information can be provided on page 8*

Medicine (eg. Adrenaline auto-injector for anaphylaxis)

## Details of child's Doctor / Clinic

\*Doctor /Clinic name

\*Address:

\*Phone number:

\*Suburb/Town:

\*Postcode:

## Health Care / Medical Management / Medication Plan

**\* If the child has any individual emergency or routine health care / medical management needs (e.g. seizure management, toilet support, diabetes management, supervision of medication, anaphylaxis first aid) the site will need a health care / medical management / medication plan from the treating doctor / health professional.**

Health care / Medical management plan attached Yes ☐ No ☐ If not, it **MUST** be provided.

## Additional Needs & Diagnosed Disabilities

**\*Does the child have an additional need or diagnosed disability?** Yes ☐ No ☐ If Yes, please provide details

- ☐ Autistic Disorder ☐ Significant challenging behaviour  
☐ Global developmental delay ☐ Speech and language impairment  
☐ Hearing impairment ☐ Visual impairment  
☐ Physical impairment ☐ Undiagnosed significant need

Details: *More information can be provided on page 8*

Agencies involved:

Contact person:

Phone number:

Email address:

Support received:

**Do you have any concerns about the child's development?** Yes ☐ No ☐ (eg. behaviour, personal care needs, language skills)

If Yes, please provide details. *More information can be provided on page 8*

## Enrolling Parent 1

(Birth or Adoptive parent or Guardian)

Relationship to child:

Main Parent  
Account Payee

☐

Contact priority

☐

Contact details must be provided

☐

If someone other than Parent 1 or Parent 2 is the account payee, please complete the section on page 7

It will be presumed that persons listed as parents will be also be Emergency Contacts and are Authorised to collect the child unless otherwise stated.

### Name

Mr/Mrs/Ms/Other

\*First name:

\*Surname/  
Family name:

Gender:

Male

☐

Female

☐

### Correspondence

If Parent 1 does not reside with the child, please indicate the type of correspondence this person wishes to receive:

☐ Child reports

☐ Site information (e.g. newsletters)

Preferred method of receiving this correspondence

☐ In writing

☐ Email (provide email address)

### Contact Details

\*Mobile phone:

\*Home phone:

\*Work phone :

Email address:

### Address

\*Residential address

☐ Same as child's residential address 1 recorded on page 3

☐ Same as child's residential address 2 recorded on page 3

If Parent 1 does not reside with the child please provide **Residential address**

\*Address:

\*Suburb/Town:

\*Postcode:

**Mailing address** (if different from residential address)

Address:

Suburb/Town:

Postcode:

### Employment

Current Employment Status

☐ Employed (casual)

☐ Employed (full-time)

☐ Employed (parental leave)

☐ Employed (part-time)

☐ Homemaker (not employed in paid workforce)

☐ Other

☐ Pension or benefit recipient

☐ Self-employed

☐ Student

☐ Unemployed

What is the occupation group of Parent 1?

Please select the appropriate parental occupation group from the list on page 2.

If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.

If the person has not been in paid work in the last 12 months, enter '8' above

### Education

What is the highest year of primary or secondary school Parent 1 has completed?

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

☐ Year 9 or equivalent or below

(For persons who have never attended school, select 'Year 9 or equivalent or below')

What is the level of the highest qualification Parent 1 has completed?

☐ Bachelor Degree or above

☐ Advanced Diploma / Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

**Refer to page 2 for more information about these questions and how the information is used.**

### Languages spoken & Cultural background

If Parent 1 speaks a language other than English at home, what is the main language spoken?

Does Parent 1 require an interpreter? No ☐ Yes ☐

\*What is the cultural background of Parent 1?

## Enrolling Parent 2

(Birth or Adoptive parent or Guardian)

Relationship to child:

Main Parent

☐

Contact priority

Contact details must be provided

Account payee

☐

If someone other than Parent 1 or Parent 2 is the account payee, please complete the section on page 7

It will be presumed that persons listed as parents will be also be Emergency Contacts and are Authorised to collect the child unless otherwise stated

### Name

Mr/Mrs/Ms/Other

\*First name:

\*Surname/  
Family name:

Gender:

Male

☐

Female

☐

### Correspondence

If Parent 2 does not reside with the child, please indicate the type of correspondence this person wishes to receive:

☐ Child reports

☐ Site information (e.g. newsletters)

Preferred method of receiving this correspondence

☐ In writing

☐ Email (provide email address)

### Employment

Current Employment Status

☐ Employed (casual)

☐ Employed (full-time)

☐ Employed (parental leave)

☐ Employed (part-time)

☐ Homemaker (not employed in paid workforce)

☐ Other

☐ Pension or benefit recipient

☐ Self-employed

☐ Student

☐ Unemployed

What is the occupation group of Parent 2?

Please select the appropriate parental occupation group from the list on page 2.

If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.

If the person has not been in paid work in the last 12 months, enter '8' above.

### Contact Details

\*Mobile phone:

\*Home phone:

\*Work phone :

Email address:

### Education

What is the highest year of primary or secondary school Parent 2 has completed?

☐ Year 12 or equivalent

☐ Year 11 or equivalent

☐ Year 10 or equivalent

☐ Year 9 or equivalent or below

(For persons who have never attended school, select 'Year 9 or equivalent or below')

What is the level of the highest qualification Parent 2 has completed?

☐ Bachelor Degree or above

☐ Advanced Diploma / Diploma

☐ Certificate I to IV (including trade certificate)

☐ No non-school qualification

Refer to page 2 for more information about these questions and how the information is used.

### Address

\*Residential address

☐ Same as child's residential address 1 recorded on page 3

☐ Same as child's residential address 2 recorded on page 3

If Parent 2 does not reside with the child please provide **Residential address**

\*Address:

\*Suburb/Town:

\*Postcode:

**Mailing address** (if different from residential address)

Address:

Suburb/Town:

Postcode:

### Languages spoken & Cultural background

If Parent 2 speaks a language other than English at home, what is the main language spoken?

Does Parent 2 require an interpreter?

No

☐

Yes

☐

\*What is the cultural background of Parent 2?

## Emergency contacts if parent cannot be contacted

Note: Includes authority to collect the child and permission to provide overnight care  
(at least one emergency contact must be provided)

Relationship:	<input type="text"/>	Contact priority:	<input type="checkbox"/>
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Mobile phone:	<input type="text"/>		
Home phone:	<input type="text"/>		
Work phone:	<input type="text"/>		
Address:	<input type="text"/>		
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>

Relationship:	<input type="text"/>	Contact priority:	<input type="checkbox"/>
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Mobile phone:	<input type="text"/>		
Home phone:	<input type="text"/>		
Work phone:	<input type="text"/>		
Address:	<input type="text"/>		
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>

Relationship:	<input type="text"/>	Contact priority:	<input type="checkbox"/>
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Mobile phone:	<input type="text"/>		
Home phone:	<input type="text"/>		
Work phone:	<input type="text"/>		
Address:	<input type="text"/>		
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>

Relationship:	<input type="text"/>	Contact priority:	<input type="checkbox"/>
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Mobile phone:	<input type="text"/>		
Home phone:	<input type="text"/>		
Work phone:	<input type="text"/>		
Address:	<input type="text"/>		
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>

Relationship:	<input type="text"/>	Contact priority:	<input type="checkbox"/>
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Mobile phone:	<input type="text"/>		
Home phone:	<input type="text"/>		
Work phone:	<input type="text"/>		
Address:	<input type="text"/>		
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>

Relationship:	<input type="text"/>	Contact priority:	<input type="checkbox"/>
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Mobile phone:	<input type="text"/>		
Home phone:	<input type="text"/>		
Work phone:	<input type="text"/>		
Address:	<input type="text"/>		
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>

### Account payee If other than Parent 1 or Parent 2

Relationship:	<input type="text"/>	Contact priority:	<input type="checkbox"/>
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Mobile phone:	<input type="text"/>		
Home phone:	<input type="text"/>		
Work phone:	<input type="text"/>		
Address:	<input type="text"/>		
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>

### Authority to collect child only Note: Authorised to collect the child but not to be contacted in an emergency (e.g. child care centre staff)

Relationship:	<input type="text"/>		
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Mobile phone:	<input type="text"/>		
Home phone:	<input type="text"/>		
Work phone:	<input type="text"/>		
Address:	<input type="text"/>		
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>

## Other relevant information

### Additional Details - 1

This information relates to:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cultural or religious requirements | <input type="checkbox"/> Medical conditions | <input type="checkbox"/> Additional needs       |
| <input type="checkbox"/> Custody                            | <input type="checkbox"/> Allergies          | <input type="checkbox"/> Developmental concerns |

### Additional Details - 2

This information relates to:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cultural or religious requirements | <input type="checkbox"/> Medical conditions | <input type="checkbox"/> Additional needs       |
| <input type="checkbox"/> Custody                            | <input type="checkbox"/> Allergies          | <input type="checkbox"/> Developmental concerns |

### Any other information

## Parent Signatures

I / We understand that the entitlement to a department funded preschool is for an average of 15 hours per week over 40 weeks of the year.

I / We declare that the child I am / we are enrolling is not already accessing a department funded preschool program with an entitlement of 15 hours per week from another service provider.

If the child is accessing another preschool program that is funded by the department, which may be a child care centre, private school or department preschool, please provide details about the site and number of hours enrolled.

This site:	Number of hours enrolled		
Other site:	Number of hours enrolled		Name of site:

*If unsure whether the other service is a department Grant Funded Preschool contact the department's Universal Access team on 8226 3681 for more information.*

I / We authorise education and care staff to seek

- medical treatment for the child from a registered medical practitioner, hospital or ambulance service
- transportation of the child by ambulance service.

I / We certify that all information given is true and accurate.

Signature of Parent 1	Date:
Signature of Parent 2:	Date:
Interviewed/enrolment accepted by Name:	Role:
Signature:	Date:

## Office Use only

Date enrolment details entered in		2021	2022	2023	from	Week 1					Week 2					
EYS:	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	T 1	27/01 – 09/04	31/01 – 14/04	30/01 – 14/04	to	M	T	W	TH	F	M	T	W	TH	F
EDID:	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	T 2	27/04 – 02/07	02/05 – 08/07	01/05 – 07/07											
		T 3	19/07 – 24/09	25/07 – 30/09	24/07 – 29/09											
		T 4	11/10 – 10/12	17/10 – 16/12	16/10 – 15/12											

  

Anticipated start dates		from	Week 1					Week 2				
Early Entry	start: term <div style="border: 1px solid black; width: 40px; height: 15px;"></div> year <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <i>(if eligible and capacity permits)</i>	to	M	T	W	TH	F	M	T	W	TH	F
Transition	start: term <div style="border: 1px solid black; width: 40px; height: 15px;"></div> year <div style="border: 1px solid black; width: 40px; height: 15px;"></div>											
Preschool	start: term <div style="border: 1px solid black; width: 40px; height: 15px;"></div> year <div style="border: 1px solid black; width: 40px; height: 15px;"></div>											
School	start: term <div style="border: 1px solid black; width: 40px; height: 15px;"></div> year <div style="border: 1px solid black; width: 40px; height: 15px;"></div>											