Vauvert Primary School

Vauvert, St. Peter Port, GY1 1NQ

Tel. 01481 720419 E-mail: office@vauvert.sch.gg

REGISTRATION FORM

The current Primary Admissions Policy is available at www.gov.gg/schooladmissions or on request from Sir Charles Frossard House, La Charroterie, St Peter Port, GY1 1FH. Your child will not be allocated a place at any States of Guernsey school unless you complete and return this form.

The information given on this form is **CONFIDENTIAL** and is requested to enable us to do our best for your child. Please return it to **Vauvert Primary School** as soon as possible. **Please note:** it is essential that you include your post code for administration purposes.

PLEASE INCLUDE: a copy of a Guernsey utility bill (dated within the last 3 months) and driving licence *or* passport, and a copy of your child's birth certificate *or* passport.

IF COMPLETING BY HAND PLEASE WRITE IN BLOCK CAPITALS

There is a possibility that the number of requests for places at Vauvert Primary School may exceed the number of places available. If this the case, would you wish your child to be considered for placement at an alternative school?

If so, which school(s)?

If you wish to apply for placement at a school other than Vauvert irrespective of the availability of places, please complete a PC-OCAS request form, available from www.gov.gg/schooladmissions, and return it to Education Services.

Child's surname:	Child's forename/s:
Male: Female:	Name known by:

Date of birth (DD/MM/YYYY):   Religion:

Please state ethnic group (e.g. White, Black, Asian etc):

N.B. Ethnicity is not the same as 'nation of origin' or race but is normally defined in relation to a people or culture with which a person or their forebears, most strongly identify.

Child's current home address:

Postcode: Home Tel No:

English is first language: Yes   No   If No, please state first language:

Child's position in family (e.g. 3rd of 4):

Names of brothers and sisters currently attending Vauvert Primary School:

Sibling house/sports colour:

Mother's name and title:	Home Tel No:
Address:	
Email address:	Mobile Tel No:

Father's name:	Home Tel No:
Address:	
Email address:	Mobile Tel No:

PLEASE INDICATE THE ORDER IN WHICH YOU WISH US TO CONTACT YOU SHOULD YOUR CHILD BE ILL OR IN THE EVENT OF AN EMERGENCY:

Contact name and relationship to child (e.g. Mother, Father, Grandparents):

1.   Home Tel No: Work Tel No:

                                               Mobile No:

2.   Home Tel No: Work Tel No:

                                               Mobile No:

3.   Home Tel No: Work Tel No:

                                               Mobile No:

4.   Home Tel No: Work Tel No:

                                               Mobile No:

Present nursery, pre-school or school:

Address:

Doctor's name: Surgery:

Medical information e.g. allergies, medical conditions (asthma, diabetes, epilepsy etc.), medication:

Any other relevant information:

Registration can only be accepted if accompanied with the following – please tick to indicate enclosed documents.

Proof of address/ID: **Utility Bill** (within last 3 months)   and **Driving Licence** *or* **Passport**

Together with: **Child's Birth Certificate** *or* **Passport**

In order to comply with the provisions of the Children (Guernsey and Alderney) Law, 2008, wherever possible we require the signature of each person with parental responsibility.

I confirm that the information I have provided is correct to the best of my knowledge. I understand that the provision of incorrect information may lead to my child being re-allocated to a different school.

Signed: Mother/Father/Carer   Date:
                                                (delete as appropriate)

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                                                (delete as appropriate)

ONE FORM PER CHILD SHOULD BE SUBMITTED FOR REGISTRATION AT ONE SCHOOL ONLY

For office use only:

Date Admission received: Admission Number:

Birth Certificate/Passport: Yes/No   Baptismal Certificate: Yes/No/NA

Utility Bill/Driving Licence/Passport: Yes/No