Tel. 01481 733000 E-mail: schooladmissions@gov.gg

Education Resources, Sir Charles Frossard House, La Charroterie, St. Peter Port, GY1 1FH Moving to Guernsey – School Admission 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.

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 Education Resources, at the address above, as soon as possible.

Please note: it is essential that you include your post code for administration purposes.

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

If you are applying for a place at Notre Dame du Rosaire or St Mary & St Michael Catholic School, please also enclose a copy of your child's baptismal certificate.

BEFORE COMPLETING THIS FORM, IN BLOCK CAPITALS AND IN BLACK INK, PLEASE ENSURE YOU HAVE READ THROUGH THE INFORMATION ABOVE

Please enter your child's intended start date (DD/MM/YYYY):			
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.			
Details of any special educational needs of your child:			
Child's home address (in Guernsey):			
Postcode: Home telephone number:			
English is first language: Yes No If No, please state first language:			
Child's position in family (e.g. 3 rd of 4):			
Brothers and Sisters			
Forename: Surna	me: Date of Birth:		
Mother's name:	Home telephone number:		
Address:			
Email address:	Mobile telephone number:		
Father's name:	Home telephone number:		
Address:			
Email address:	Mobile telephone number:		

PLEASE INDICATE THE ORDER IN WHICH YOU V OF AN EMERGENCY:	VISH US TO CONTACT YOU	J SHOULD YOUR CHILD BE ILL OR IN THE EVENT		
Contact name and relationship to child (e.g. Mother, Father, Grandparents):				
1. Home 7	Tel No:	Work Tel No:		
Mob	ile No:			
2. Home 7	Геl No:	Work Tel No:		
Mob	ile No:			
3. Home 7	Γel No:	Work Tel No:		
Mob	ile No:			
Present nursery, pre-school or school*:				
Address:				
Email:	Contact Name:	Tel No:		
*Please include a copy of a recent school report with details of your child's current curriculum, examinations taken and any information regarding progress and target grades. If your child is transferring midway through a GSCE programme of study, please also provide current Examination Boards for each subject.				
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: Utility Bill (within last 3 months) or Lease/Purchase Agreement AND;				
Proof of ID: Driving Licence or Passport AND; Child's Birth Certificate or Passport				
Where applicable: Baptismal Certificate Academic Information				
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.				
Signed:	Mother/Father/Care (delete as appropriat			
Signed:	Mother/Father/Care (delete as appropriat			

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

Data Protection – the States of Guernsey will process any personal data tha you provide, in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed by the States of guernsey cna be found on www.gov.gg/DP.

For office use only:	
Date Admission received:	Admission Number:
Birth Certificate: Yes / No	Baptismal Certificate: Yes / No / Not Applicable
Utility Bill/Driving Licence/Passport: Yes / No	Academic Information: Yes / No