



## Moving to Guernsey – School Admission Form

The current Primary and Secondary Schools Admissions Policy is available at [www.gov.gg/schooladmissions](http://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 Services, 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<sup>rd</sup> of 4):

Brothers and Sisters

Forename:

Surname:

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:

<b>PLEASE INDICATE THE ORDER IN WHICH YOU WISH US TO CONTACT YOU SHOULD YOUR CHILD BE ILL OR IN THE EVENT OF AN EMERGENCY:</b>		
Contact name and relationship to child (e.g. Mother, Father, Grandparents):		
1.	Home Tel No: Mobile No:	Work Tel No:
2.	Home Tel No: Mobile No:	Work Tel No:
3.	Home Tel No: Mobile No:	Work Tel 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 GCSE 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: <b>Utility Bill</b> (within last 3 months) <input type="checkbox"/> or <b>Lease/Purchase Agreement</b> <input type="checkbox"/> <b>AND;</b>		
Proof of ID: <b>Driving Licence</b> <input type="checkbox"/> or <b>Passport</b> <input type="checkbox"/> <b>AND; Child's Birth Certificate</b> <input type="checkbox"/> or <b>Passport</b> <input type="checkbox"/>		
<i>Where applicable:</i> <b>Baptismal Certificate</b> <input type="checkbox"/> <b>Academic Information</b> <input type="checkbox"/>		
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/Carer (delete as appropriate)	Date:
Signed:	Mother/Father/Carer (delete as appropriate)	Date:

1. Home Tel No: Work Tel No:  
Mobile No:

3. Home Tel No: Work Tel No:  
Mobile No:

Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Surgery: \_\_\_\_\_

Any other relevant information:

Where applicable: **Baptismal Certificate** ☐ **Academic Information** ☐

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

**Data Protection** – the information you provide will be used by Education Services for a variety of purposes to support your child’s education and care. Please advise the school of any changes to this information so that we can ensure our records are up to date.

**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

Academic Information: Yes / No