

## **Education Services**

Sir Charles Frossard House, La Charroterie, St Peter Port, GY1 1FH

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

# PARENT/CARER OUT OF CATCHMENT AREA STUDENT (PC-OCAS)

## **REQUEST FORM**

It is recognised that in certain situations parents/carers may have valid reason for requesting their child attends a school other than the one in the catchment area in which the parent or carer resides.

If parents/carers wish to request a placement in a school outside their catchment area they will need to demonstrate why it would be unreasonably detrimental to the child's education to attend the allocated catchment school. These are referred to as PC-OCAS (Parent/Carer Out of Catchment Area Student) request; further information on the circumstances within which such requests may be agreed is available at <a href="http://www.gov.gg/schooladmissions">www.gov.gg/schooladmissions</a>.

The completed form, along with any additional information a parent/carer may wish to include must be returned to the Administration & Procurement Manager at the address above. The PC-OCAS Request Form may be submitted either in writing or by email.

#### IF COMPLETING BY HAND PLEASE WRITE IN BLOCK CAPITALS

PUPIL'S DETAILS							
Pupil's Surname		Date of Birth					
Pupil's First Name(s)	Gender						
		Mala	Fomalo				
		Male	Female				
Current School (The school at which	Current School Year Group (e.g.						
registered)	Reception)						
Catchment Area School (The school	ol which serves the catchmer	I It area in which yo	u currently live)				
Requested School (The school at w	<b>Requested School</b> (The school at which you are requesting a place)						
Requested School (The school at w	men you are requesting a pla						
DADENT CADED DETAILS							
PARENT/CARER DETAILS							
Title	Initials	Surname					
Relationship To Child							
Current Address							
	Postcode						
Home Tel. No.	Work Tel. No.	Mol	oile Tel. No.				
	1	1					
Email:							

#### **GROUNDS/REASONS FOR SUBMITTING REQUEST**

Please indicate below your reasons for requesting an OCAS placement, ensuring that all information and supporting documentation is disclosed, in order to be taken into consideration (i.e. *full names of* 

siblings, supporting medical documentation). You may attach additional sheets/documentation. Data Protection- the States of Guernsey will process any personal data that 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 can be found on www.gov.gg/DP.

Date	Signature

For office use only:						
Date Request Form Rece	ate Request Form Received:					
Date Acknowledgement	e Acknowledgement Letter Sent:					
			_			
NEW Reception	11+ (Year 6-to-Year 7)	Change	Remain			
NEW Reception	11+ (Year 6-to-Year 7)	Change	Remain			