



States of Guernsey
Education Operations

Education Operations

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

Tel. 01481 224000

E-mail: schooladmissions@gov.gg

SCHOOL TRANSFER 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 as soon as possible. **Please note:** it is essential that you include your postcode for administration purposes.

PLEASE INCLUDE: Proof of address: a copy of a Guernsey utility bill (dated within the last 3 months) or a copy of a lease/purchase agreement, **proof of parent's identity:** driving licence or passport, and **proof of child's date of birth:** 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. Please also provide a copy of a recent school report with details of your child's current curriculum, exams taken and current working level.

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.

Please inform us when you intend for your child to start school (DD/MM/YYYY):

Child's **new** home address:

Postcode:

Home telephone number:

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

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

Details of brother(s)/sister(s): (Name, date of birth (DD/MM/YYYY)):

Mother's title:

Initial(s):

Surname:

Address:

Postcode:

Email address:

Father's title:

Initial(s):

Surname:

Address:

Postcode:

Email address:

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:

(Please include any details and reports if your child has Special Educational Needs e.g. Autism, ADHD)

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