States of Guernsey
Education Resources
and Estates Management

Hautes Capelles Primary School

Capelles, St. Sampson's, GY2 4GL

Tel. 01481 226070 E-mail: office@capelles.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 **Hautes Capelles 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), driving licence *or* passport, and a copy of your child's birth certificate *or* passport.

IF COMPLETING BY HAND PLEASE WRITE IN BLOCK CAPITALS

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 Hautes Capelles 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 (delete as appropriate) Date:

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

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

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

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