



RECEPTION REGISTRATION FORM

This form **must** be returned to your catchment primary school.

The current Primary Admissions Policy is available at www.gov.gg/schooladmissions. 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 the catchment primary school for your address, before the end of the registration period. Catchment areas can be checked online at www.gov.gg/catchmentareas.

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

Catholic School Placements: You may choose to register your child at one of the two Catholic Primary Schools should your child be baptised Catholic.

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.

There is a possibility that the number of request for places at the catchment school may exceed the number of places available. Should you wish for your child to be considered for a different school, please indicate which school:

If you wish to apply for placement at a school other than the catchment primary school, please complete a PC-OCAPS request form, available from www.gov.gg/schooladmissions, and return it to Education Operations by the end of the registration period.

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 the catchment primary school:

Sibling house/sports colour:

Mother/Father/Carer Name and Title:

Address:

Email address:

Tel No:

Mother/Father/Carer Name and Title:

Address:

Email address:

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:

(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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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