

Education Services

Sir Charles Frossard House, La Charroterie, St Peter Port, GY1 1FH
Tel. 01481 733000 E-mail: schooladmissions@gov.gg

SCHOOL TRANSFER FORM

The current Primary and Secondary Schools 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 Services 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.

PLEASE COMPLETE IN BLOCK CAPITALS

Date of intended transfer (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.				
Child's <i>new</i> 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. 3 rd of 4):			
Details of brother(s)/siste	er(s): (Name, date o	f 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 relat	ionship to child (e.g. Mother, Father, Gra	andparent):		
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-sc	hool or school:			
Address:				
Doctor's name:	Surgery:			
Any other relevant info	mation:			
Registration can only be	e accepted if accompanied with the follow	wing – please tick to indicate enclosed documents.		
Proof of address/ID: Utility Bill (within last 3 months) or Lease/Purchase agreement				
	and Driving Licence or Passport			
Together with:	Child's Birth Certificate or Passport	and Baptismal Certificate (if required)		
	n the provisions of the Children (Guernse f each person with parental responsibility	ey and Alderney) Law, 2008, wherever possible we y.		
	mation I have provided is correct to the b n may lead to my child being re-allocated	pest of my knowledge. I understand that the provision I to a different school.		
Signed:	Mother/Fa (delete as a	ther/Carer Date:		
Signed:	Mother/Fa (delete as a	ther/Carer Date:		

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

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/Passport: Yes/No	Baptismal Certificate: Yes/No/NA	
Utility Bill/Lease/Purchase Agreement and Driving Licence/Passport: Yes/No		