



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 www.gov.gg/schooladmissions.

The completed form, along with any additional information a parent/carers 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 Male Female |
| Current School (The school at which the pupil is currently registered) | Current School Year Group (e.g. Reception) |
| Catchment Area School (The school which serves the catchment area in which you currently live) | |
| Requested School (The school at which you are requesting a place) | |

PARENT/CARER DETAILS

| | | |
|------------------------------|----------------------|------------------------|
| Title | Initials | Surname |
| Relationship To Child | | |
| Current Address | | |
| | | Postcode |
| Home Tel. No. | Work Tel. No. | Mobile Tel. No. |
| 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, at this time, in order to be taken into consideration (i.e. *full names of siblings, supporting medical documentation*).

You may attach additional sheets and documentation to this form.

Date

Signature

For office use only:

Date Request Form Received:

Date Acknowledgement Letter Sent:

| NEW Reception | 11+ (Year 6-to-Year 7) | Change | Remain |
|---------------|------------------------|--------|--------|
| | | | |