States of Guernsey
Education Operations

RECEPTION REGISTRATION FORM

PLEASE READ THE INFORMATION BELOW BEFORE COMPLETING THIS FORM

To ensure your child is allocated a place in a States-maintained primary school for the Reception intake, this form must be completed and returned to your catchment primary school; or if your child is baptised Catholic, to one of the Voluntary Catholic Schools.

For administrative purposes, the completed form will need to be accompanied with: - 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.

For a place at one of the Voluntary Catholic Schools, a copy of your child's Catholic Baptismal certificate is also required.

The information given on this form is CONFIDENTIAL and is requested to enable us to do our best for your child.

Catchment areas can be checked online at www.gov.gg/catchmentareas; and a copy of the current Primary Admissions Policy is available at www.gov.gg/schooladmissions.

IF COMPLETING BY HAND PLEASE WRITE IN BLOCK CAPITALS

There is a possibility that the number of requests 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 an OCAPS Request Form, available from www.gov.gg/schooladmissions, and return it to the School Admissions Team 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:

Child's current/main home address:

Post Code: 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 siblings currently attending the catchment/Voluntary Catholic primary school:

Sibling house/sports colour:

Mother/Father/Carer: Title: Name:

Address:

Email address: Tel No:

Mother/Father/Carer: Title: Name:

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, Grandparent):

1.	Home Tel No: Mobile No:	Work Tel No:
2.	Home Tel No: Mobile No:	Work Tel No:
3.	Home Tel No: Mobile No:	Work Tel No:
4.	Home Tel No: Mobile No:	Work Tel 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 Additional Learning Needs (ALN) 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** ☐

Proof of child's date of birth: **Child's Birth Certificate** *or* **Passport** ☐

Catholic Baptismal Certificate (Voluntary Catholic schools only): ☐

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.

MOTHER ☐ **FATHER** ☐ **CARER** ☐	**PRINT / TYPE NAME:**	**SIGNATURE:**	**DATE:**
MOTHER ☐ **FATHER** ☐ **CARER** ☐	**PRINT / TYPE NAME:**	**SIGNATURE:**	**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.