



States of Guernsey
Education Services

St Martin's Primary School

School Lane, St Martin's, GY4 6HN

Tel. 01481 756060 E-mail: office@stmartins.sch.gg

REGISTRATION 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. Registration at your catchment school pre-school or nursery does not guarantee a place at that school.

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 **St. Martin's 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) and 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 St. Martin's 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 Date:
(delete as appropriate)

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(delete as appropriate)

ONE FORM PER CHILD SHOULD 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/Driving Licence/Passport: Yes/No