



### SCHOOL ADMISSIONS

Sir Charles Frossard House, La Charroterie, St Peter Port, GY1 1FH  
Tel. 01481 224000 E-mail: [SchoolAdmissions@gov.gg](mailto:SchoolAdmissions@gov.gg) Website: [www.gov.gg/SchoolAdmissions](http://www.gov.gg/SchoolAdmissions)

## SCHOOL TRANSFER FORM

**PLEASE READ THE INFORMATION BELOW BEFORE COMPLETING THIS FORM**

To apply for school transfer into, or between States-maintained education this form **must** be completed and returned to the above address and 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.

Please note: For a place at a school other than your catchment/partner school a separate request needs to be made using a Out of Catchment Area/Partner School (OCAPS) Form which is available on website above.

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

Catchment areas and can be checked online at [www.gov.gg/CatchmentAreas](http://www.gov.gg/CatchmentAreas); and a copy of current Admissions Policies, as well as details of secondary school partnership arrangements, is available on the above website.

**IF COMPLETING BY HAND PLEASE WRITE IN BLOCK CAPITALS**

Type of School Transfer: Moving to Guernsey/Alderney

On-island Transfer:

When you intend for your child to start / transfer school (DD/MM/YYYY):

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 <b>ORDER</b> 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:                               | 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 (e.g. details / reports if your child has Additional Learning Needs (ALN) e.g. Autism, ADHD):  |  |                   |                                 |
| <b>Registration can only be accepted if accompanied with the following – please tick to indicate enclosed documents</b>   |  |                   |                                 |
| <b>Proof of address/ID:</b>   | <b>Utility Bill</b> (within last 3 months) | <b>or</b>         | Signed Lease/Purchase Agreement |
| <b>Parents' ID:</b>   | <b>Driving Licence</b>                     | <b>or</b>         | <b>Passport</b>                 |
| <b>Proof of child's date of birth:</b>  | <b>Child's Birth Certificate</b>           | <b>or</b>         | <b>Passport</b>                 |
| <b>Catholic Baptismal Certificate</b> (Voluntary Catholic schools only):  |  |                   |                                 |
| <b>*IMPORTANT:</b> Please include a copy of a recent school report with details of your child's current curriculum, examinations taken any information regarding progress and target grades. If your child is transferring midway through a GCSE programme of study, please also provide current Examination Boards for each subject. |  |                   |                                 |
| 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.  |  |                   |                                 |
| <b>MOTHER</b>   | <b>PRINT / TYPE NAME:</b>                  | <b>SIGNATURE:</b> | <b>DATE:</b>                    |
| <b>FATHER</b>   |  |                   |                                 |
| <b>CARER</b>  |  |                   |                                 |
| <b>MOTHER</b>   | <b>PRINT / TYPE NAME:</b>                  | <b>SIGNATURE:</b> | <b>DATE:</b>                    |
| <b>FATHER</b>   |  |                   |                                 |
| <b>CARER</b>  |  |                   |                                 |

**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](http://www.gov.gg/DP).