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| **Application form for a reception class place at a primary school**  **Section 1 – School preference** | | | | | | | |
| Please complete only **one** application form and send it to your catchment school .You will automatically be considered for all your requested schools.  Find your catchment school: [www.gov.je/Schoolcatchment](https://admin.gov.je/Schoolcatchment)  If you are returning your form by:   * e-mail school e-mail addresses are available from - . * mail school addresses are available from [gov.je](https://admin.gov.je/Education/Schools/FindingSchool/Pages/PrimarySchools.aspx)   When completing the form please refer to the following criteria, in order of priority, for the allocation of places:   1. have a Special Educational Need and must access a specific school 2. have brother(s) and / or sister(s) in the school (reception -Y5) 3. are living in the primary school catchment area 4. are living in the secondary school catchment area 5. have brother(s) and / or sister(s) in the school (Y6) 6. have other requests supported by a good educational reason for attending a non-catchment school   Please note that once a parent confirms a child’s registration with a fee paying school, the child’s name will be removed from the list of pupils seeking entry to the non-fee paying sector.  **The deadline for applying for a 2020 Reception place via a school is 2 December 2019.** | | | | | | | |
| **SCHOOLS** | Every effort will be made to accommodate your request. However if schools are over subscribed then places are allocated using the criteria above. If your allocation is based on catchment area, and you do not request your catchment school as your first choice school, there is a risk that you may not get a place at either your first choice **or** your catchment school. The department reserves the right to change the offer of a place if the offer is based on information which is later found to be false. | | | | | | |
| 1st choice school |  | | | | | | |
| 2nd choice school |  | | | | | | |
| 3rd choice school |  | | | | | | |
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| **Section 2 - About you and your child** | | | | | | | |
| **Child’s legal name**  **(forename first)**  **(as per birth certificate)** |  | | | | | | **Boy**  **Girl** |
| **Nationality** |  | | | **Date of birth (DD/MM/YYYY)** | | |  |
| **Name of father**  **(as per birth certificate)** |  | | | **Contact Telephone number** | | |  |
| **Name of mother** |  | | | **Contact Mobile number** | | |  |
| **E-mail address** |  | | | | | | |
| **Please provide your address** - please note that you must provide the address you will be living at on the application deadline day. | | | | **Name & Address of nursery attended** | | | |
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|  | | | | **Postcode** | | | |
| **Postcode** | | | | **Full time**  **Part time** | | | |
| **Does your child live with: Both parents  Mother**  **Father**  **Other** | | | | | | | |
| **Does your child have brother (s) and / or sister (s)? Yes**  **No** | | | | | | | |
| **Brother’s / Sister’s name** | | **Date of Birth** | **Year Group** | | **School Name** | | |
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| **Have there been any concerns with respect to your child’s Behaviour**  **or Health**  **? If so please provide contact details of agencies that have been involved with your child (past and present).** | | | | | | | |
| **Department** | | **Name** | | | | **Phone Number** | |
| **Educational Psychologist** | |  | | | |  | |
| **Speech Therapy** | |  | | | |  | |
| **Physiotherapy** | |  | | | |  | |
| **Children’s Office (is the child a ‘Looked After Child’ (LAC)?) Yes  No** | |  | | | |  | |
| **Others(please specify)** | |  | | | |  | |
| **Does your child have a formal document called a Record of Educational Needs? Yes**  **No**  **If YES please provide copies of their learning plan and any additional support that they receive.** | | | | | | | |
| **Was your child born in Jersey? Yes** **No**  **If ‘No’ when did they arrive?** | | | | | | | |
| **What is your child’s first language?** | |  | | | | | |
| **If English is not your child’s first language, how would you describe their level of English?**  **1. No English**  **2. Limited English**  **3. Orally Fluent**  **4. Competent** | | | | | | | |
| Please let us know of any additional information that would support your application for a place at your first choice school?    I understand that the Education Department may contact other States’ departments to validate address information. The provision of incorrect information on this form could lead to the withdrawal of the offer of any school place.  I also confirm that I have sole  / joint  [parental responsibility](http://www.cab.org.je/index.php?option=com_content&task=view&id=290&Itemid=54)\* for the child named on this form and that all others with [parental responsibility](http://www.cab.org.je/index.php?option=com_content&task=view&id=290&Itemid=54) are in agreement with the information given.  **Relationship to child: Mother**  **Father**  **Step parent**  **Foster Carer**  **Guardian**  **Other (please specify)** **Date**  **Signed       PRINT NAME**  **\*You must have Parental Responsibility to sign this form. You have Parental Responsibility if you are the child’s mother / have a custody order of residence order for the child / have responsibility under an emergency protection order for the child / are a guardian of the child / have adopted the child / are the child’s father and you were married to the child’s mother when the child was born (in which case you will normally share responsibility with the mother) / you are the child’s father and you were not married to the child’s mother when the child was born but have from the Court a residence order or a parental responsibility order or have entered into a parental responsibility agreement with the child’s mother or have since married the child’s mother.**  **The information you provide will be used in line with the Data Protection (Jersey) Law 2018 for the allocation of places at educational establishments. Information may be shared with relevant agencies providing support.** | | | | | | | |

