



REGISTRATION FORM

(Request for a place on the Waiting List)

1. **Surname of Child:** Male Female (Please tick)

First Names:

Preferred name:
(used for reports and communications)

Date of Birth:

Religion:

Place of Birth:

Nationality:

Proposed Entry: Michaelmas/ Lent/ Trinity

Year of Entry:

Into: Lower/ Upper School

Have you registered your child's name at any other school/s and if so, which?

2. **Father's Title, Full Name, Address and Occupation: (please include postcode)**
(In the case of separated parents please indicate with whom your child resides)

Daytime Telephone:

Evening Telephone:

Email:

3. **Mother's Title, Full Name, Address (if different from above) and Occupation:**

Daytime Telephone:

Evening Telephone:

Email:

4. Please mention here the names of any other members of the family attending the School or registered for entry, or any other connection with the School:

5. Please state the name and address of the present school (with dates):

Name of Head Teacher:

6. Please give details of any medical conditions/circumstances that may require special consideration :



ELIZABETH COLLEGE

7. Please outline any of your child’s artistic, dramatic, musical or sporting skills, hobbies or other interests (if applicable):

Notes

Early registration is recommended. Registration will be considered in the following order when there is a waiting list in the year of entry: those who have brothers or sisters either in the school or entered for the school or any of its departments; those who are sons or daughters of Old Elizabethans; chronological order of application to the School. The cut off date for entry being received is 12 months before the planned date for entry into the School. Those who enter after this time will receive no priority even if they fulfil one of the first two criteria. Offers of places are subject to the admission requirements of the School at the time offers are made. A copy of the current edition of the standard terms and conditions is enclosed.

Parents are reminded that, under the Standard Terms & Conditions, fees are the joint and several responsibility of each person that has signed the Acceptance Form.

Data Protection Statement

The information on this form is required by the School for the purpose of administering the provision of education. The information is covered by the provisions of the Data Protection (Bailiwick of Guernsey) Law 2001. Your signature to the form is deemed to be an authorisation by you to allow the School to process and retain the information on your child/ward.

We request that the name of our above named child be registered as a prospective pupil (a cheque for the non-refundable registration fee of £110.00 payable to Elizabeth College is enclosed). We understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School.

(Each of those with parental responsibility to sign and complete below)

First Signature	Second Signature
Name in Full	Name in Full
Relationship to Child	Relationship to Child
Date	Date

FOR OFFICE USE

Date Received	Date Acknowledged
Date entered on PASS	Date entered on SIMS

Registration Fee Received