



ELIZABETH COLLEGE

Acorn House Pre-School

APPLICATION FOR ADMISSION TO ACORN HOUSE PRE-SCHOOL

1. **Surname of Child:** Boy/Girl

First Names:

(Please underline the name generally used)

Date of Birth:

Nationality:

Main language spoken: English/Other

Place of Birth:

Religion:

Proposed Year of Admission:

2. **Father's Title, Full name, Address and Occupation:**

Home Telephone:

Mobile:

Work:

email:

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

Home Telephone:

Mobile:

Work:

email:

4. If applicable, please indicate which address child is ordinarily resident:

Mother

Father

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

6. Medical conditions/circumstances which might require special consideration:

Name of Doctor:

Telephone:

Name of Health Visitor:

Telephone:

7. Future School : ECJS Acorn House: Starting Date:
(at the age of 4) Other:

A separate registration form is required for entry into Elizabeth College Junior School, Acorn House.

First Year – Aged 2-3 years	5 Days	Mon/Wed/Fri	Tues/Thur
Mornings 9.00 am –12.00 pm			
Full Days 9.00 am – 2.30 pm			
Second Year – Aged 3-4 years	5 Days	Mon/Wed/Fri	Tues/Thur
Full Days 9.00 am – 2.30 pm			

Tick one box only for each year. Registration requests will be for the First Year and Second Year.

8. Early registration is recommended. When there is a waiting list in the year of entry, registrations will be considered in the following order:
- i) Those who are registered for Elizabeth College Junior School (separate registration forms for are required for entry to School).
 - ii) Those who have brothers and sisters at Elizabeth College.
 - iii) Those who are sons/daughters of OEs.
 - iv) Chronological order of application to the Pre-School.

Please note that completion of this form enters your child's name on the waiting list for Acorn Pre-School, it does not guarantee a place. Confirmation of places and sessions will be given two terms before the proposed entry date.

9. **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 son/daughter/ward.

10. In the event of my child's admission, I agree to abide by the conditions, together with any of the amendments on which the Directors may decide, and by the school rules, which shall be from time to time in force. A cheque for the non-refundable registration fee of £50.00, payable to "Elizabeth College" is enclosed.

11. First Signature: _____ Second Signature: _____
Name in Full: _____ Name in Full: _____
Relationship to Child: _____ Relationship to Child: _____
Date: _____ Date: _____

THIS IS NOT A REGISTRATION FORM FOR THE OTHER DEPARTMENTS OF ELIZABETH COLLEGE. IF YOU WISH TO REGISTER FOR ACORN HOUSE SCHOOL, BEECHWOOD OR ELIZABETH COLLEGE, IT IS NECESSARY TO COMPLETE AN ELIZABETH COLLEGE REGISTRATION FORM.

Elizabeth College Junior School
Acorn House Pre-School
Telephone: 01481-724993
Fax: 01481-710732
e-mail: officepreschool@beechwood.sch.gg

Elizabeth College Junior School
Acorn House School
Telephone: 01481-713862
Fax: 01481-710732
email: officeacorn@beechwood.sch.gg

FOR OFFICE USE

Date Received: _____ 1st Year Sessions: _____
Date Acknowledged: _____ 2nd Year Sessions: _____
Date entered on system: _____
Registration Fee Received:

NOTES