



Elizabeth College
Elizabeth College Junior School Pre-School

APPLICATION FOR ADMISSION TO 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 : (at the age of 4) ECJS Reception: Starting Date:
Other:

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

Tick one box only for each year.

Wrens – 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			
Kingfishers – Aged 3-4 years	5 Days	Mon/Wed/Fri	Tues/Thur
Full Days 9.00 am – 2.30 pm			

*** Please note that we only offer a limited number of 5 day places in Wrens.**

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.
- ii) Those who have brothers and sisters in any department of Elizabeth College.
- iii) Those who are sons or daughters of Old Elizabethans.
- 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 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 ELIZABETH COLLEGE. IF YOU WISH TO REGISTER FOR THE JUNIOR OR UPPER SCHOOL, IT IS NECESSARY TO COMPLETE AN ELIZABETH COLLEGE REGISTRATION FORM.

ECJS Pre-School
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Guernsey GY1 1QB
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Fax: 01481 710732
e-mail: officepreschool@beechwood.sch.gg

FOR OFFICE USE

Date Received: _____ Wren Sessions: _____
Date Acknowledged: _____ Kingfisher Sessions: _____
Date entered on system: _____ Registration Fee Received
Entered on iSAMS: _____

NOTES