



# FCJ PRIMARY SCHOOL APPLICATION FORM

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Male  Female

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Proposed Date of Admission \_\_\_\_\_ Year group: Reception  Other year group (please specify)

If you are applying for a place in Reception, you may also apply for a place in Nursery: Yes  No

Current School (or Nursery if Reception child): \_\_\_\_\_

Place of Baptism \_\_\_\_\_ Date of Baptism \_\_\_\_\_ Religion\* \_\_\_\_\_

Name of sibling/s at FCJ \_\_\_\_\_ Other links with FCJ \*\* \_\_\_\_\_

Links with Beaulieu and/or De La Salle School \_\_\_\_\_

Proposed choice of secondary school \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address: \_\_\_\_\_ Address (if different) \_\_\_\_\_

Home phone \_\_\_\_\_ Home phone \_\_\_\_\_

E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_

Mobile \_\_\_\_\_ Mobile \_\_\_\_\_

1. Occupation and Business Address \_\_\_\_\_ 2. Occupation and Business Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Medical Conditions (asthma, eczema, allergies, eyes, ears etc.):  
\_\_\_\_\_

Other relevant information: \_\_\_\_\_

A £25 non-refundable administration fee is due before this application can be processed.

Cheques payable to FCJ Primary School or bank transfer to FCJ Primary School, Account n. 51816950, Sort code 40-25-34. Please use your **child's surname as reference**.

\*Please note for Catholic Applications a copy of your child's Baptism Certificate should be attached with this application.

\*\* If you have connections with FCJ please supply your date of birth in order that we can confirm your attendance.

**Submission of this form does not guarantee a place.**

FCJ Primary School, Deloraine Rd, St. Saviour, Jersey, JE2 7XB  
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