



FCJ Primary School Application Form

| Details of your Child | | | |
|---------------------------------|---|--|---|
| Surname | | First Name: | M/F: |
| Date of Birth | | *Religion | |
| Place of Baptism | | Date of Baptism | |
| Names of Siblings at FCJ | | | |
| **Other Links to FCJ | | | |
| Links to Beaulieu/DLS | | Proposed Secondary School: | |
| First Language (if not English) | | | |
| Level of English | No English <input type="checkbox"/> | Limited English <input type="checkbox"/> | Orally Fluent <input type="checkbox"/> Competent <input type="checkbox"/> |
| Living Arrangements | Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> Please specify | | |

| Date of Admission | | |
|-------------------|-----------|------------|
| Pre-School | Reception | Other Year |

| Current School/Nursery | |
|------------------------|--|
| Name & Year | |

| Childs Medical Information | |
|----------------------------|--|
| Medical Conditions | |

| Educational Needs | |
|--|--|
| Does your child have any Educational Needs? e.g. Speech & Language/Autism etc. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide a copy of their learning plan and any support that they receive. | |
| Department | Name and Contact Details |
| Educational Psychologist | |
| Speech Therapy | |
| Physiotherapy | |
| Looked After Child (LAC)/Care Experience Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Additional Information | |

Parental Information

| | | |
|--|--|--|
| Parent Name | | |
| Address | | |
| Post Code | | |
| Home Phone | | |
| Mobile Phone | | |
| Email Address | | |
| Occupation | | |
| Business Name | | |
| Work Phone | | |
| ***Parental Responsibility Yes/No | | |

Application Fee

A **£50 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 no. 51816950, Sort code 40-25-34. Please use your **child's surname as reference**.

Submission of this form does not guarantee a place and any incorrect information provided on this form may result in your application not being authorised.

Secondary Schools Automatic Entry- FCJ pupils have automatic entry into Year 7 at Beaulieu Convent School and De La Salle College.

*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.

***Parental Responsibility (PR): You must have PR to sign this form. You have PR if you are the child's mother / have a custody order or 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 / you are the child's father and you were not married to the child's mother when the child was born but have a Court 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 mother. Please refer to the link for more information

<https://www.gov.je/lifeevents/startingfamily/afterbirth/pages/parentalresponsibilityforunmarriedfathers.aspx>

The information that you provide will be used in line with the Data Protection (Jersey) Law 2018. Information may be shared with relevant agencies providing support. By signing this application form (where applicable), gives FCJ permission to contact the external agencies shared on this form.

Please provide a copy of your child's birth certificate and where applicable a copy of their Baptism certificate and your child's latest school report

This Application form must be signed by both parents/guardians.

Sign and Print Name: _____ **Date:** _____

Sign and Print Name: _____ **Date:** _____