



Directorate of Education and Employment.

School Registration Form
(For pupils arriving from overseas)

<i>Personal details.</i> <i>Child's full name:</i> <i>Name by which the child is commonly known:</i> <i>Date of birth:</i>					
<i>Male/female.</i>	<i>Position in family:</i>				
<i>Names of parents or guardians:</i>	<i>Place of work on St. Helena:</i>				
<i>Address in St. Helena:</i>					
<i>Date of arrival on St. Helena:</i>	<i>Proposed length of stay on St Helena:</i>				
<i>Current telephone number:</i>	<i>Current email address-</i>				
<i>Religion-</i>					
<i>Home language-</i>	<i>Other languages spoken-</i>				
<i>Information on your child's current schooling:</i> <i>Name of School:</i> <i>Address of School:</i> <i>Current Year Group:</i> <i>Contact person:</i> <i>Contact Information: Tel:</i> <i style="padding-left: 100px;">Email:</i>	<i>Please provide assessment information on your child from his/her previous school. Attach copies of relevant reports if you have them.</i> <i>Throughout the course of their primary education your child will be involved in the following assessments to determine their level of attainment, ability and how we can best support their learning: Progress Tests in English(PTE), Maths (PTM) and Science (PTS) if in Year 6, a Cognitive Ability Test (CAT4) and also a Pupil Attitude to School and Self (PASS) survey.</i>				
<i>Please tick the relevant box to make us aware of any medical factors we should be aware of.</i> <i>Nature of Illness:</i>					
<input type="checkbox"/> Sight Problem	<input type="checkbox"/>	<input type="checkbox"/> Eczema	<input type="checkbox"/>	<input type="checkbox"/> Blood Pressure	<input type="checkbox"/>

Hearing Problem		Fainting		Headaches	
Speech Problem		Hay Fever		Allergies	
Asthma		Nose Bleeds		Other	
Diabetes		Epilepsy			

Does your child need a care plan to enable the school to deal with any additional medical needs?

Does your child have any additional needs that we have to be aware of?

If yes, can you make us aware of what these needs are and whether the child is currently receiving support in school to enable him/her to access the school curriculum?

Please include here any other information which you would like to share with the school.

Please note that on signing this Registration Form you are agreeing to enter your child into primary education on St. Helena and therefore are agreeing to abide by the policies and procedures of the Education and Employment Directorate and of the school in which your child is to be placed.

Parent Signature _____

Date _____

We would appreciate if you could sign the following form so that we can liaise with your child's former school if required.

AUTHORIZATION FOR RELEASE OF EDUCATIONAL INFORMATION

(Student's Name)

(Date of Birth)

I, _____,
(Parent/Guardian name)

hereby authorize

(previous school or educational institution)

to provide and release student records relating to the education of the child named above, including confidential and assessment data, with the understanding that this information will be used by the St Helena Education & Employment Directorate for the purposes of educational planning.

Signature: _____ Date: _____

This consent, unless revoked or otherwise stated, is valid for one year from the date of signature.