



Jersey College for Girls

APPLICATION FOR ADMISSION - YEARS 7-11

Surname: _____

Student's Forename(s) (to be written in full): _____

Date of Birth: ____ / ____ / ____ Expected date of entry to JCG: ____ / ____ / ____ Into Year: _____

Other schools attended: _____

Mother's / Guardian's Name: _____

Address: _____

Telephone Number(s): _____

Email Address: _____ Mother's/Guardian's Occupation (optional): _____

Father's / Guardian's Name: _____

Address: _____

Telephone Number(s): _____

Email Address: _____ Father's/Guardian's Occupation (optional): _____

**ACCEPTANCE AT THE PREPARATORY SCHOOL DOES NOT GUARANTEE ACCEPTANCE AT
JERSEY COLLEGE FOR GIRLS**

A full term's notice of the intention to withdraw a student from the College must be given in writing to the Principal. In default of such a notice a term's fees must be paid.

Fees must be paid promptly on or before the first day of term. Failure to do so will result in further action being taken against both parents/ guardians by the States of Jersey Department for Education, Sport & Culture.

We the undersigned hereby apply for the admission of _____ as a student at the Jersey College for Girls. Should our daughter be offered a place we agree to abide by the terms of the College's Home School Agreement (copy available from College Office or College website) as part of a supportive partnership between the College, its students and their parents.

Father/Guardian: _____ Mother/Guardian: _____

The above declaration must be signed by both parents/guardians

Please return this form, together with the administration fee of £50.00 payable by cheque made out to "The Treasurer of the States", to Jersey College for Girls, Le Mont Millais, St Saviour, Jersey, JE2 7YB

✂ _____

Tear Off Slip

I hereby acknowledge receipt of your application for your daughter's entry to Jersey College for Girls.

