

STATE OF JERSEY EDUCATION COMMITTEE, CHILDREN'S SECTION
Form of application for admission of a child to the care of the
Education Committee

CHILD'S FULL NAME [REDACTED]

DATE OF BIRTH [REDACTED] 80. PLACE OF BIRTH Jersey

HOME ADDRESS [REDACTED]

RELIGION Roman Catholic DATE OF BAPTISM at 1 month - [REDACTED] Church

REASON FOR ADMISSION Mother's admission to Hospital. - [REDACTED]

HAS CHILD EVER BEEN RECEIVED INTO CARE BEFORE? Yes

FATHER'S NAME [REDACTED] DATE & PLACE OF BIRTH [REDACTED]

PRESENT ADDRESS [REDACTED]

NAME & ADDRESS OF EMPLOYER [REDACTED]

MOTHER'S NAME [REDACTED] DATE & PLACE OF BIRTH [REDACTED]

PRESENT ADDRESS [REDACTED]

NAME & ADDRESS OF EMPLOYER Housewife.

DATE & PLACE OF MARRIAGE Registry Office Jersey - [REDACTED] 1979.

FULL NAMES & DATES OF BIRTH OF OTHER CHILDREN IN FAMILY

[REDACTED]

PRESENT SCHOOL/EMPLOYER

PREVIOUS SCHOOLS/EMPLOYERS

MEDICAL DETAILS - Vaccinations and Innoculations

B.C.G. YES/YES Poliomylitis YES/YES
Diphtheria/Tetanus/Whooping Cough YES/YES Smallpox YES/YES

Details of serious illnesses or disability

[REDACTED]

Name of Family Doctor Dr. Holmes Address [REDACTED] St. Helier.

ANY OTHER RELEVANT INFORMATION REGARDING CHILD OR FAMILY

Date of admission: 15th March, 1983. Signed: [Signature]

Child Care Officer/Assistant

ADMISSION APPROVED ARTICLE 82 (F)

INITIAL PLACEMENT Foster Mother, [REDACTED]

Date: 15th March, 1983. Signed: [Signature]

Children's Officer