



# Home or Private Education Registration Form

Section 5 Education (Miscellaneous Provisions) Act 2009

You are asked to return the completed form to:

Corporate Services Division  
Department of Education, Sport and Culture  
The Slieau Whallian, St John's,  
Isle of Man, IM4 3AS

Please complete in BLOCK CAPITALS and in black ink.

## Your details

Parent or Guardians name(s)

  

Home address

  
  

Telephone number

E-mail

## Your Children

Child 1 name(s)

Date of birth

 

Private School

Yes  No

Home Educated

Yes  No

Child 2 name(s)

Date of birth

 

Private School

Yes  No

Home Educated

Yes  No

Child 3 name(s)

Date of birth

 

Private School

Yes  No

Home Educated

Yes  No

Please provide contact details for the School where your child is educated

**IMPORTANT NOTES**

Can you please inform the Department of any change in circumstances, ie change of address or if you cease to Home School your child.

If your child has been registered at a Department of Education and Children school, please advise the Department which school.

Is your child currently registered at school?

Yes

No

If **Yes**, please give details below.

School or College name **in full**

Contact name

Contact telephone number

Contact e-mail

Website

Please include any information you feel would be useful in the space below (continue on a separate sheet if required).


Please provide contact details for the Main Educator of your child

Name **in full**

Contact name

Contact telephone number

Contact e-mail

Date

Please include any information you feel would be useful in the space below (continue on a separate sheet if required).
