

# Hillocks Primary and Nursery School

## Admission Form

### GENERAL INFORMATION

Full Legal name of child	
Preferred name	
Date of birth	
Gender	
Address	
Postcode	
Home telephone:	
Mobile no:	

### Family/home

Name of parents/ guardians	Address	Contact no.	Relationship to child
Email address:			

### SECURITY OF THE CHILD

Is there any information we should know e.g. relating to the security of your child?

### Other emergency contacts (give 2 if possible) e.g. Grandparents

Name	Address	Contact no.	Relationship to child

### Siblings at Hillocks Primary School

Name	Date of birth	Year	Class

## Names of people permitted to collect child

Name	Contact no.	Relationship to child

**Are you currently in receipt of Income Support or Income Based Job seekers Allowance:  
YES/NO (please circle)**

<b>Physical Health</b>
Does your child take any regular medication? (If medication is required to be given whilst at school a Medicine Administration Form will need to be completed)
Are there any special dietary needs or food allergies?
Any physical problems which might limit school activities?
<b>Doctors name, surgery and contact details</b>

## Ethnicity

Child's Ethnicity	Religion
First Language	Home Language
Country child was born	

Name and address of any previous school/Nursery attended	
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**If you are applying for a nursery place please circle which session you would prefer:**

**Mornings / Afternoons**