



HILLOCKS PRIMARY AND NURSERY SCHOOL

Admission form

Surname:		Legal Surname:	
Forename:		Middle Name:	
Chosen Name:		Gender:	
Date of Birth:		Year Group:	
Birth Certificate checked:		Date of Admission:	
Address:			
	Post Code		

CONTACT DETAILS Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please them in the order you wish for them to be contacted in.

Priority	Name	Parental Responsibility (please tick)	Home address	Contact no.
1				
2				
3				

OTHER DETAILS AND INFORMATION

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

Dietary Needs				Meal Arrangements Please tick box	Sandwiches	Paid	Free Meals
School Travel Please tick box	Bicycle	Car/Van	Walk	Taxi	Bus	Car Share	Other

Doctor	
Address	
Telephone	
Medical Conditions	

Ethnicity		Religion	
First Language		Previous School/ Nursery Attended	
Home Language		UPN No:	

Records Requested		Records Received	
-------------------	--	------------------	--

If you are applying for a nursery place please circle which you prefer – Mornings / Afternoons