



KING'S HILL  
PRIMARY SCHOOL

Please print clearly, complete all sections of this form and bring in your child's birth certificate

## Admission Application Form

Child's Legal Surname:		Child's Legal Forename:	
Middle name(s):		Chosen Name:	
		Gender:	Male/Female
Address:		Date of Birth:	
		Birth certificate / medical card seen.	Yes No NHS no.
Postcode:		E-mail:	
Home Telephone Number:			
Mobile Number:			
Previous nursery/school attended:			
Please indicate any other children in the family.			
Name:	Name:	Name:	
Age:	Age:	Age:	
Parents' or Guardians' details			
MOTHERS NAME: TITLE Miss/MRS/MS/OTHER _____ Address:  Date of birth: Mobile Number: Home number: Occupation: Works contact number Email address: N.I. Number:  National Asylum Support Service (NASS) Number: (If applicable)		FATHERS NAME: TITLE MR/OTHER _____ Address:  Date of birth: Mobile number: Home number: Occupation: Works contact number Email address: N.I. Number: National Asylum Support Service (NASS) Number: (If applicable)	
OTHER CONTACT DETAILS:			
Name/Title: Address:		Relationship to child: Mobile Number: Home Number:  Occupation: Works contact number:	
Mode of travel to school (Car, Bus, Walk etc) Other (Please state) :			



KING'S HILL  
PRIMARY SCHOOL

Please print clearly, complete all sections of this form and bring in your child's birth certificate

## Admission Application Form

White British	Pakistani	White black African
White Irish	Bangladeshi	White Asian
Traveller	Any other Asian background	Any other mixed background
Any other white background	Black Caribbean	Indian
Gypsy/Roma	Black African	Chinese
White/black Caribbean	Any other black background	Any other ethnic group
Please state other ethnic origin:		
Home Language:		Religion
Is English spoken as the first language at home: Yes/No if no, please specify language spoken at home:		

**Medical Information:**

Does your child suffer from any of the following: Asthma? Yes/No                      Any Allergies? Yes/No Any Other Medical Conditions _____ _____ Is your child on any medication i.e. inhalers (please state) _____	If the answer to allergies is yes, please give clear details i.e. peanuts, plasters, milk etc. and provide us with a doctor's letter detailing the medical condition. _____ _____ _____ Doctor's note seen: _____
--	---

Does your child have any special needs? Yes/No  
(If yes, please state)

Are there any other external agencies involved with your child? Yes/No  
(If yes, please state)

Does your child have any special dietary needs i.e. halal etc Yes/No  
If yes, what?

Doctor's Name and Address:

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Office Use Only:**

UPN Number:

Start Date:

Checked by: