



# HILLSIDE FIRST SCHOOL

Hillside Road, Verwood, Dorset, BH31 7HE  
T. 01202 822737 E. office@hillsidefirst.dorset.sch.uk

**Headteacher: Mr Jeremy Harrison**

Deputy Headteacher: Mrs Karen Pain

## ADMISSION FORM

### INFORMATION ABOUT THE CHILD

In some cases a child may have a legal surname but be known by another surname. We are required to use the name on the child's birth certificate for the register, medical records and any official documents i.e. transfer lists or similar unless you are able to provide proof of a legal change. For day to day school use, books, drawer labels etc, we are able to use the 'known as' name.

|                |         |                    |                               |
|----------------|---------|--------------------|-------------------------------|
| LEGAL NAME     | Surname | Forename(s)        |                               |
| PREFERRED NAME | Surname | Forename           |                               |
| DATE OF BIRTH  | Day     | Month              | Year                          |
| ADDRESS        |         |                    | POSITION IN FAMILY (eg G G B) |
| POST CODE      |         | HOME TELEPHONE NO: |                               |

### INFORMATION ABOUT THE CHILD'S PARENTS, OR OTHERS RESPONSIBLE FOR THE CHILD

Please give details of all parents/guardians who have responsibility for the child – see notes below

| Name | Relationship to Child<br>(ie Mother, Father, | Address (if different from above) | Responsibility |   |
|------|--|-----------------------------------|----------------|---|
|      |  |                                   | Y              | N |
|      |  |                                   |                |   |
|      |  |                                   |                |   |
|      |  |                                   |                |   |

Due to family circumstances, is a duplicate report required?

Yes / No

The Law states that for education purposes "**parental responsibility**" means

1. Both parents of a legitimate child, even if not living with the child
2. The mother of an illegitimate child
3. The "unmarried" father of an illegitimate child who has acquired "parental responsibility" via a Court Order
4. Any person who is appointed Guardian by a Court
5. Any person who has been granted a Residence Order
6. Any person who has adopted a child
7. The Local Authority if the child is the subject of a Care Order, or Emergency Protection Order

### PREVIOUS SCHOOL

| Name and address of previous school | Date of Admission<br>DD/MM/YY | Date of Leaving<br>DD/MM/YY |
|-------------------------------------|-------------------------------|-----------------------------|
|                                     |                               |                             |

'Nurture ~ Inspire ~ Achieve'

[www.hillsidefirst.dorset.sch.uk](http://www.hillsidefirst.dorset.sch.uk)

**EMERGENCIES**

Please give details below of anyone who could be contacted if your child becomes ill during the school day and needs to be collected – this should include your own daytime telephone number if different from above. Please list the names of contacts in order of **priority** and indicate the relationship to the child, ie Parent, Aunt, Neighbour, etc.

**It is important that these are people you know can be contacted during school hours on the number given and are willing and able to deal with an ill child or any problems there might be.**

| Name | Relationship | Daytime telephone No(s) |      |        |
|------|--------------|-------------------------|------|--------|
|      |              | Home                    | Work | Mobile |
| 1.   |              |                         |      |        |
| 2.   |              |                         |      |        |
| 3.   |              |                         |      |        |
| 4.   |              |                         |      |        |

**LUNCH ARRANGEMENTS**

Please tick your child's normal lunch arrangement: Free Meal  Packed Lunch  Hot School Meal  (one box only)  
*(pupil premium)*

**TRAVEL ARRANGEMENTS**

Please tick how your child will normally travel to school: Walk  Bicycle  Car  Taxi  (one box only)

**ADDITIONAL INFORMATION**

Please tick the following if they are applicable to your child: Service Child in Education  Looked after Child   
Adopted

In the event of the school being unable to contact me/us or any of the contact numbers given, I hereby give permission for my child to receive emergency treatment at the surgery/hospital should the need arise. I have read and understood the information contained in the School Prospectus. Please be assured that all information contained herein will be treated in confidence.

Signed: \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_

**PLEASE NOTIFY THE SCHOOL OFFICE OF ANY CHANGE OF INFORMATION, INCLUDING PERSONAL CIRCUMSTANCES, PLACE OF WORK, ADDRESS OR TELEPHONE NUMBER SHOULD THEY OCCUR AFTER COMPLETING THIS FORM.**

**THE INFORMATION GIVEN ON THESE FORMS WILL BE KEPT CONFIDENTIAL.**

For office use only

Birth certificate seen  Records requested  Date of Admission [ \_\_\_\_\_ ] Records received  Year & Reg Group [ \_\_\_\_\_ ]