

South Hills School  
Home Farm Road Wilton, Salisbury  
Wiltshire SP2 8PJ  
TELEPHONE 01722 744971



REGISTRATION FORM

**Child's Surname:**.....**Forename:**.....

**Middlename:**.....**Date of Birth:** \_\_/\_\_/\_\_

**Known as (if different)**.....

**Address of Father:**.....

.....**Post code:**.....

Please indicate if the child normally lives at this address YES/NO

**Address of Mother (If different from above)**.....

.....**Post code:**.....

Please indicate if the child normally lives at this address YES/NO

Please use the following e mail address for Parent Mail & invoicing

**Email** ..... **Home Telephone Number:**.....

**Father's full name**.....

Does the Father have parental responsibility for the child? YES/NO

**Employer**..... **Works Tel. No.** .....

**Mobile No.** ..... **Work Email**.....

**Mother's full name**.....

Does the Mother have parental responsibility for the child? YES/NO

**Employer**..... **Works Tel. No.** .....

**Mobile No.** ..... **Work Email**.....

**Full name of adult if parents not contactable** .....

**Address**.....

**Tel.** ..... **Relationship to child**.....

**Family Doctors Name**.....

**SURGERY**..... **TEL NO**.....

**PTO**

Health Visitor's Name.....

SURGERY.....TEL NO.....

**Allergies (if none please state NONE)** .....

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**IMMUNISATIONS**

BCG	Yes/No	Meningitis C	Yes/No
Diphtheria	Yes/No	Poliomyelitis	Yes/No
Hib	Yes/No	Tetanus	Yes/No
Measles/Mumps.Rubella	Yes/No	Whooping Cough	Yes/No

**Has your child had any of the following childhood illnesses?**

Measles	Yes/No	Rubella	Yes/No
Mumps	Yes/No	Chicken Pox	Yes/No
Whooping Cough	Yes/No		

**Notes concerning the child's health or previous problems that the school should know about (if none, state None)**

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Name of person authorized to collect your child	Relationship to Child	Phone No.
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.....	.....	.....
.....	.....	.....

**PLEASE STATE IF THERE IS ANYONE NOT AUTHORISED TO COLLECT YOUR CHILD:**

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Signature: Mother..... Date.....

Signature: Father..... Date: .....

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