

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



REGISTRATION FORM

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

Middlename:.....**Date of Birth:** __ / __ / __

PLEASE INCLUDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE

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 E.G. Asthma, Eczema, Convulsions, Soft Hips, Speech & Language, Glue Ear(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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