

Budds Lane, Bordon Hampshire, GU35 0JB

Headteacher: Mr P Hemmings MA

T 01420 472132

E enquiries@oakmoor.hants.sch.uk W www.oakmoor.hants.sch.uk

ADMISSION FORM

(To be completed by parent/carer)

STUDENT'S BASIC DETAILS					
Legal surname (as on birth certificate):	Surname to be know	Surname to be known by:			
Legal forenames:	Gender:	Gender to be known as:			
Home address:	Date of birth:	Date of birth:			
	Ethnic origin:	Ethnic origin:			
	Religion:	Religion:			
Postcode:	Home Language:	Home Language:			
Home Tel No:	Date of arrival in UK	Date of arrival in UK:			
Present school:					
Previous school:					

PARENT/CARER CONTACT DETAILS					
PLEASE PROVIDE AT LEAST 2 CONTACTS AS PER GOVERNMENT GUIDELINES					
1st Contact 2nd Contact					
Contact Type: Mother/Father/Carer/Guardian/Step Mother/Step Father	Contact Type: Mother/Father/Carer/Guardian/Step Mother/Step Father				
Title: Forename:	Title: Forename:				
Surname:	Surname:				
Address if not student's address:	Address if not student's address:				
Place of work:	Place of work:				
Mobile Tel No:	Mobile Tel No:				
Home Tel No:	Home Tel No:				
Email address:	Email address:				

EMERGENCY CONTACT DETAILS				
1st Contact	2 nd Contact			
Contact Type: Other Relative/Childminder/Other	Contact Type: Other Relative/Childminder/Other			
Title: Forename:	Title: Forename:			
Surname:	Surname:			
Address:	Address:			
Mobile No:	Mobile No:			
Home No:	Home No:			

SIBLINGS					
Name:	Date of birth:	Current school:			
Name:	Date of birth:	Current school:			
Name:	Date of birth:	Current school:			
Name:	Date of birth:	Current school:			

Please complete both sides.

FAMILY DOCTOR								
Surgery Name: Doctor's Name:								
Address:								
Tel No:								
Medical Needs:								
Medical Conditions (e.g. Asthma	, Epilepsy etc):							
	PREVIOUS AND PR	ESENT SO	CHOOLS	ATTENDED				
School/playgroup name:	Address	Date of admission		Date of last attendance	Reason for leaving			
	OTUE		ATION					
Is either parent a member of the		R INFORM	s/No					
in the last 5 years?	Allieu Foices: Ol ilas be	een re	5/INU					
Is your child in receipt of free school meals?			Yes/No					
Lunch arrangements?			Packed Lunch/School Kitchen					
How does your child travel to sch	20012		Walk/Car/Car share/Bus/Taxi					
Is there an adoption order?			Yes/No					
Is there a court order?			Yes/No					
If yes please specify: e.g. resider	nce/contact							
If yes please attach a copy								
Signature of parent/carer				Date:				