



CHANGE OF DETAILS FORM

This form must be completed in **BLOCK CAPITALS** and returned to the School Office

I/We wish to notify you of a change of:

TELEPHONE NUMBER/S **ADDRESS** **EMAIL** **OTHER**
(tick ✓ as appropriate)

PUPIL SURNAME:		
PUPIL FIRST NAME:		
PUPIL FORM:		DATE OF CHANGE:

Please ONLY complete where the information held has changed

Old Address:	New Address:
Old Telephone Number:	New Telephone Number:
Add New Contact to Pupil Record:	Remove Existing Contact from Pupil Record:
Name: Address: Tel:	Name: Address: Tel:

Other (please give details):

Print Name: _____ **Signed:** _____ **(Parent/Carer)**

Relationship to Pupil: _____