

## ***Change of Student Address & Parent Contact Details***

<b>Surname:</b>	<b>Legal Surname:</b>
<b>Forename:</b>	<b>Middle name(s):</b>
<b>Chosen name:</b>	<b>Home Address: (including postcode)</b>
<b>Home Telephone:</b>	

*If you need to provide further information please use the space below or continue on a separate sheet.*

*Please provide details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please indicate in numerical order the priority of the contacts '1' being the first point of contact. We will use this information to contact the relevant person in the order provided in the event of an emergency.*

*The person you indicate as the KEY contact will receive emails, newsletters and text messages from the school. If you have more than one KEY contact then please indicate as appropriate.*

# Parent/Contact Details

<b>Title</b> (e.g. Mr, Mrs, Miss, Ms, Dr, Rev):	<b>Forename:</b>
<b>Surname:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

**Relationship to child:** please tick to indicate which of the following applies:

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Relative <input type="checkbox"/> Social Worker <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother	<input type="checkbox"/> Step Mother <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Childminder <input type="checkbox"/> Carer <input type="checkbox"/> Other Contact
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**Telephone Numbers:**

<b>Home:</b>	<b>Mobile:</b>
<b>Work:</b>	<b>Other:</b>

**Email:**

<b>Home:</b>
<b>Work:</b>

**Address** (if different from the address given for the child)

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**Does this person have Parental Responsibility?**  Yes  No

**Is there a court order relating to this child?**  Yes  No

**Is this person a Key Contact (see guidance above)?**  Yes  No

**Priority** (e.g. '1 - 5' see guidance above) where 1 is the first person to contact in an emergency, 2 is the second person to contact etc.:

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*(please continue on a separate sheet if necessary).*

# Parent/Contact Details

<b>Title</b> (e.g. Mr, Mrs, Miss, Ms, Dr, Rev):	<b>Forename:</b>
<b>Surname:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

**Relationship to child:** please tick to indicate which of the following applies:

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Relative <input type="checkbox"/> Social Worker <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother	<input type="checkbox"/> Step Mother <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Childminder <input type="checkbox"/> Carer <input type="checkbox"/> Other Contact
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**Telephone Numbers:**

<b>Home:</b>	<b>Mobile:</b>
<b>Work:</b>	<b>Other:</b>

**Email:**

<b>Home:</b>
<b>Work:</b>

**Address** (if different from the address given for the child)

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**Does this person have Parental Responsibility?**  Yes  No

**Is there a court order relating to this child?**  Yes  No

**Is this person a Key Contact (see guidance above)?**  Yes  No

**Priority** (e.g. '1 - 5' see guidance above) where 1 is the first person to contact in an emergency, 2 is the second person to contact etc.:

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*(please continue on a separate sheet if necessary).*