

Change of Circumstances

Name of Child:	DOB:
Class Teacher:	Year:

Change of Address

Old Address	New Address

Change of Contact Number

Name	Relationship to child	New Number
1.		
2.		
3.		

Change in Medical Needs

New medical need that we need to be made aware	
of.	
Information we may need to know. (Has any medication been prescribed? Do any changes to the school day need to happen?)	

Any additional information

Full name	of parent/carer:	

Signature of parent/carer: _____ Date: _____

Thank you for informing us and we will now update our records. Please hand into the school office in an envelope to protect your personal details and follow GDPR procedures.