

CHANGE OF ADDRESS / CONTACT DETAILS

FAMILY NAME: _____ DATE: _____

CHILD'S/CHILDREN'S NAMES: _____ CLASS: _____

_____ CLASS: _____

_____ CLASS: _____

_____ CLASS: _____

_____ CLASS: _____

Please make the following changes to my child's/children's records:

ADDRESS:

HOME NO: _____

MOTHER Mobile: _____ Work: _____

FATHER Mobile: _____ Work: _____

EMERGENCY CONTACTS

Name: _____  _____

Name: _____  _____

IF YOUR CHILD IS LEAVING THE SCHOOL, PLEASE COMPLETE A
'LEAVING SCHOOL FORM'

OFFICE USE ONLY	
<input type="checkbox"/>	Copy given to classroom teacher(s) .../.../...
<input type="checkbox"/>	Information transferred to computer .../.../...