



Headteacher: Mr W N Jenkins Tel: 01326 572685 Fax: 01326 572183

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CHANGE OF CONTACT DETAILS

STUDENT NAME		TUTOR GROUP		DATE OF BIRTH	
CONTACT CHANGE	Mother*	Father*	Grand	parent	Other
(Please tick)				-	(please specify)
				J	
NAME					
TW WILL					
OLD ADDRESS					
NEW ADDRESS					
OLD TELEPHONE NUMBER					
NEW TELEPHONE NUMBER					
DATE OF CHANGE					
*Please note: If your child's address or home emergency contacts have changed, please					
also complete a new Parental	Consent Fori	m for trips and	d visits,	overlea	f.
Signed				Office	e use only
Drint				SIMS	Updated \square
				-	
Date				Count	ty informed \square