

Lansdowne School

Change of Contact Details Form

To help us make sure that records up-to-date please complete and return this form to the school office as soon as possible. Thank you.

Please use **BLOCK CAPITALS**:

Parent / Carer Name:

Parent / Carer (person completing this form):

Your Address:

Name of Student(s):

Your Post Code:

- 1.
- 2.
- 3.

Your Telephone Number:

Your Mobile Number:

Email address:

Emergency Contact Numbers: THIS SECTION MUST BE COMPLETED

1. Name:

Number: Relationship to child:

1. Name:

Number: Relationship to child:

1. Name:

Number: Relationship to child:

Doctor's Name: Address:

ADDITIONAL INFORMATION (e.g. medical details, allergies, dietary):

Postcode: Number:

It is extremely important that you inform school of any medical conditions your child / children have such as asthma, any allergies etc.

Office Use only

Date: _____ Updated By: _____