

# Elm Court School

## Change of Contact Details



**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 <b>BLOCK CAPITALS</b> :	Parent / Carer Name:	
Parent / Carer (person completing this form):	Your Address:	
Name of Student:		
1.		
2.		
3.	Your Post Code:	
4.		
	Your Telephone Number:	
Email address:	Your Mobile Number:	
<b>Emergency Contact Numbers: THIS SECTION MUST BE COMPLETED</b>		
1. Name:	Number:	Relationship to child:
2. Name:	Number:	Relationship to child:
3. Name:	Number:	Relationship to child:
<b>DOCTOR'S DETAILS: NAME/ADDRESS/TELENUMBER:</b>	<b>ADDITIONAL INFORMATION (e.g. medical details, allergies, dietary):</b>	
	<i>It is extremely important that you inform school of any medical conditions your child / children have such as asthma, any allergies etc</i>	
<u>Office Use only</u>		
Date: _____	Updated By: _____	