



Pupil/Parent Amendments Form

Child's Name Class

Change of pupil name (copy of deed poll
required – original needs to be seen by office staff)

Change of parent name: Old Name

New Name

Change of address:

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Change of telephone number: Home

WorkMumDad

MobileMumDad

OtherMumDad

Change of email address: Mum

Change of email address: Dad

PTO

Change of additional contacts:

Remove

Add/Change of details.....

Relationship to pupil Contact Order

Telephone: Home Mobile

Work Other

Change of medical information:

Doctors Surgery:

Address:

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Telephone:

Medical Conditions:

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Medication:

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Any other information:

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Dietary Requirements:

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Signature Date