

Caerleon Comprehensive School Ysgol Gyfun Caerllion



CHANGE OF PARENT/CARER ADDRESS OR CONTACT INFORMATION

Student's Name: _____ **Form:** _____

PARENT/CARER CONTACT 1*	PARENT/CARER CONTACT 2
Relationship to student:	Relationship to student:
Title:	Title:
Surname:	Surname:
Forename:	Forename:
Legal Parental Responsibility: Yes No (tick as appropriate)	Legal Parental Responsibility: Yes No (tick as appropriate)
Home Tel. No:	Home Tel. No:
Mobile No:	Mobile No:
Work No:	Work No:
Email*	
Home Address:	Home Address:
Postcode:	Postcode:
Place of Work:	Place of Work:
Job Title:	Job Title:

***IMPORTANT – Parent/Carer 1** email address and mobile telephone number will be used for all correspondence from the school relating to your child e.g. general correspondence, individual progress checks, end of year school report and achievement awards etc. and to receive sms/text messages about urgent school information.

PLEASE GIVE DETAILS OF ONE OTHER PERSON WHO MAY BE CONTACTED IN THE CASE OF AN EMERGENCY IF WE ARE UNABLE TO MAKE CONTACT WITH PARENT/CARER

Relationship to student:
Title:
Surname:
Forename:
Legal Parental Responsibility: Yes No (tick as appropriate)
Home Tel. No:
Mobile No:
Work No:
Home Address:
Postcode:

PARENT/CARER SIGNATURE: **DATE:**.....

THIS FORM MUST BE HANDED IN TO THE ADMINISTRATION OFFICE, ROOM A8