



Wade Deacon Trust

Change of Details Request Form

Only a parent, guardian or carer with parental responsibility may complete this form and request a change to the information we hold on file about you and your child. This form must be handed into the School office and be accompanied with formal ID for verification purposes.

The information you provide may be shared with other contacts who have parental responsibility for your child. If there are circumstances where this is not acceptable, please mention to the School office when handing this form in.

Section 1

Child's details	
Legal first name:	Preferred first name:
Middle names:	Preferred surname:
Legal surname:	Date of birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(please tick)</i>	
Address:	Home telephone number:
	Mobile telephone number:
	Email address: optional
Full postal code:	

Section 2

Name(s) of parents, guardian or carer	
Contact 1 (Priority 1)	Contact 2 (Priority 2)
Title:	Title:
Legal first name:	Legal first name:
Legal surname:	Legal surname:
Are you the parent of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the parent of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Parental Responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Parental Responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No
Carers only If you have cared for or intend to care for this child for more than one month please indicate length of time:	Carers only If you have cared for or intend to care for this child for more than one month please indicate length of time:
Address: (if different to child)	Address: (if different to child)
Full postal code:	Full postal code:
Home telephone number:	Home telephone number:
Mobile telephone number:	Mobile telephone number:
Work telephone number:	Work telephone number:
Email address:	Email address:



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Section 3

Emergency contact details	
From time to time it may be necessary to contact parents or guardians during the day as a matter of urgency. Please indicate where each parent or guardian may be contacted during school hours.	
Contact 1	Contact 2
<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
In the event of either parent or guardian not being available please give the name, relationship to the pupil and telephone of a close relative or neighbour.	
Contact 3	Contact 4
Full name:	Full name:
Relationship:	Relationship:
Telephone number:	Telephone number:

Section 4

Family Doctor
Name:
Address:
Telephone number:

Section 5

Declaration

Thank you very much for taking the time to complete this form. If you require any further information, or any help in filling in this form, please do not hesitate to contact the school office.

Signature of parent, guardian or carer	
Print name:	Date:
Signature	

School Office Only

Type of ID Seen:	Staff Name:
ID Ref No:	Staff Signature: