

**CROSSHALL INFANT SCHOOL
ACADEMY TRUST**

CHANGE OF CONTACT DETAILS

NAME OF CHILD: _____ CLASS: _____ DATE: _____

PLEASE COMPLETE ONLY THE SECTIONS BELOW WHERE A CHANGE HAS OCCURRED:

A] CHANGE OF HOME ADDRESS:

DATE OF MOVE:

NEW ADDRESS:

HAVE ALL FAMILY MEMBERS, WITH PARENTAL RESPONSIBILITY, RELOCATED TO THIS ADDRESS? YES NO

IF NO, PLEASE GIVE NEW ADDRESS OF THESE FAMILY MEMBERS:

B] CHANGE OF TELEPHONE/E-MAIL DETAILS:

NEW TELEPHONE NUMBER/S: _____
(Please state who this number belongs to)

Do you wish to receive correspondence by Email YES NO

E-mail ADDRESS: _____
(Please only give a new E-mail address if you have opted for ParentMail)

If you currently receive E-mail and wish to revert to paper correspondence, please tick here.
YES NO

C] NEW EMERGENCY CONTACT DETAILS:

NAME: _____ NEW NUMBER: _____

NAME: _____ NEW NUMBER: _____

If one of the above contacts is to replace an existing contact, please state who they are replacing:

D] MY CHILD ATTENDS THE FOLLOWING SCHOOL CLUBS:

E] ANY OTHER CHANGES: *(please specify)*:

Signed:

Print Name: