

## CHRISTCHURCH JUNIOR SCHOOL PUPIL RECORD AMENDMENTS

**PLEASE COMPLETE THIS SECTION**

PUPIL'S SURNAME ..... FORENAME(S) .....

CLASS .....

*For office use only:-*

Arbor

ParentPay

Parents Evening

Initial/Date

**PLEASE ONLY COMPLETE THE FOLLOWING RELEVANT SECTIONS FOR CHANGES TO RECORDS**

PUPIL'S NEW SURNAME (if applicable)..... DATE OF CHANGE .....

PARENT'S NEW SURNAME ..... TITLE ..... DATE OF CHANGE .....

PUPIL'S NEW HOME ADDRESS .....

..... .POSTCODE .....

HOME LANDLINE PHONE .....

FATHER'S EMAIL	MOTHER'S EMAIL
FATHER'S MOBILE	MOTHER'S MOBILE

**PLEASE ONLY COMPLETE THE FOLLOWING SECTION IF ONE PARENT/CARER HAS MOVED AWAY FROM THE PUPIL'S HOME ADDRESS**

SURNAME ..... (Mr/Mrs/Ms) FORENAME ..... HOME ADDRESS ..... ..... PHONE Home ..... Mobile ..... PARENT TO BE RETAINED AS CONTACT <span style="float: right;"><b>YES/NO</b></span>	RELATIONSHIP TO CHILD ..... IS THERE A LEGAL ORDER IN PLACE? ..... ..... IF YES, PLEASE PROVIDE A COPY FOR OUR RECORDS INCLUDING ACCESS RIGHTS <p style="text-align: right;"><b>Copy attached/copy to follow</b></p>
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**PLEASE COMPLETE THE FOLLOWING SECTION IF THERE IS A CHANGE TO THE PUPIL'S EMERGENCY CONTACTS,**  
 (PLEASE ADVISE IF THERE ARE CHANGES TO THE ORDER OF CONTACT PRIORITY)

NAME, HOME ADDRESS & HOME PHONE NUMBER OF NEW CONTACT	RELATIONSHIP TO PUPIL	DAYTIME PLACE & PHONE IF DIFFERENT FROM HOME ADDRESS & PHONE	MOBILE NO
Contact Priority Number ..... change- yes or no*			
Contact Priority Number ..... change- yes or no*			
NAME OF PUPIL'S NEW GP SURGERY	NEW GP SURGERY ADDRESS AND TELEPHONE NUMBER		

NEWLY DIAGNOSED MEDICAL CONDITIONS

Notified by ..... Date .....

Signature of parent/carer .....