**Lansdowne School
Change of Contact Details Form**

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| page1image2296**To help us make sure that records up-to-date please complete and return this form to the school office as soon as possible. Thank you.** page1image4672 |
| **Please use BLOCK CAPITALS:**  | **Parent / Carer Name:** **Your Address:** **Your Post Code:** page1image8584page1image8904page1image9224page1image9544page1image9864 |
| **Parent / Carer (person completing this form):**  |
| **Name of Student(s):**  |
| **1.**  |
| **2.**  |
| **3.**  |
| **Your Telephone Number:**  | page1image18976**Your Mobile Number:**  |
| **Email address:**  |
| page1image21896page1image22856 |
| **Emergency Contact Numbers: THIS SECTION MUST BE COMPLETED**  |
| **1. Name:**  | page1image25928**Number:**  | page1image26992**Relationship to child:**  |
| **1. Name:**  | **Number:**  | **Relationship to child:**  |
| **1. Name:**  | page1image33744**Number:**  | page1image35144**Relationship to child:**  |
| page1image37600 |
| **Doctor’s Name: Address:** **Postcode: Number:** page1image39808 | **ADDITIONAL INFORMATION (e.g. medical details, allergies, dietary):**  |
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| page1image47536page1image48336 |
| **It is extremely important that you inform school of any medical conditions your child / children have such as asthma, any allergies etc.**  |
| page1image51208 |
| **Office Use onlyDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Updated By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |