**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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| page1image45648page1image46448 | |
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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 only Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Updated By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |