Lyndhurst Infant School
Change of Address and/or Contact Details for Pupils

Pupil's Name: ……

Pupil's Date of Birth: …… **Current Class**: ……

New Address (including Post Code): ……

……

……

New Home Telephone Number: ……

Please tick appropriate box below indicating who the pupil is now living with:

Mother & Father ☐ Mother ☐ Father ☐ Other(please state) ☐

CHANGES TO ANY EMERGENCY CONTACT NUMBERS:-

Contact 1 Name: …….. **Relationship to pupil**: ……..

Telephone/Mobile No: ……

Email Address: ……..

Contact 2 Name: …….. **Relationship to pupil**: ……..

Telephone/Mobile No: ……

Email Address: ……..

Contact 3 Name: …….. **Relationship to pupil**: ……..

Telephone/Mobile No: ……

Parent/Carer's Name: ……(Block Capitals, please)

Signed: …….. **Dated**: ……

TO BE COMPLETED BY SCHOOL OFFICE STAFF ONLY:-

Please insert dates when following processes carried out:-

Amended Record Sheet filed in Pupil Contact Folder:		SIMS Updated:	
Details Amended in Pupils' Record Folder:		Community Nurse Emailed:	
		Admissions Emailed:	