



Student Data Amendment Form

Student Name:

Form:

**A separate form is required for each student.
Please ONLY complete sections with details of any changes.
Completed forms should be returned to Student Services**

Student's Details

Forename(s): Surname:

Address:

Post Code: Home Telephone Number:

Student Mobile Number:

Travel Arrangements: Please tick the primary intended mode of transport to school:-

Dedicated School Bus Number: Car / Van Walk Taxi
Public Service Bus Number: Cycle Car Share Other

Mother's Contact Details

Title: Surname: Forename:

Mobile Telephone Number:

Home Email Address:

Employer: Work Telephone Number:

Home Address and Telephone Number (if different from Student's Details):

To be contacted in case of emergency: Yes No Legally Responsible for Student: Yes No

Father's Contact Details

Title: Surname: Forename:

Mobile Telephone Number:

Home Email Address:

Employer: Work Telephone Number:

Home Address and Telephone Number (if different from Student's Details):

To be contacted in case of emergency: Yes No Legally Responsible for Student: Yes No

Carer's Contact Details

Title:	Surname:	Forename:
Mobile Telephone Number:		
Home Email Address:		
Employer:	Work Telephone Number:	
Home Address and Telephone Number (if different from Student's Details):		
To be contacted in case of emergency: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Legally Responsible for Student: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Other Contact Details

Contact Name:
Telephone Number:
Mobile Telephone Number:
Relationship to Student:

Student Medical Details

Name & Address of Surgery:	
Surgery Telephone Number:	
Name of Family Doctor:	
Please provide relevant medical information include medical conditions known about and any medication taken on a regular basis by the student. You may use a separate sheet if appropriate. The information will be processed to enable school to respond to individual student's needs.	

This form must be signed by the person who has legal responsibility for the named student.

SIGNED (Father):	Date:
SIGNED (Mother):	Date:
SIGNED (Carer):	Date:

PLEASE NOTE: It is the responsibility of Parents/Carers to let us have details of ANY changes in circumstances which may affect Student records. DATA PROTECTION ACT 1998. This information is protected under the forms of the Act and will not be disclosed to unauthorised persons.

FOR OFFICE USE: Information noted and acted upon by:

DBA: DATE: Returned to Student File: DATE: