

SIGNED:

Ormiston Cliff Park Primary Academy

CHANGE OF ADDRESS/TELEPHONE NUMBER/EMAIL ADDRESS FORM



If your address or other contact details have changed, please let us know by filling out this form and returning to the school office as soon as possible.

This form can be used by parents, guardians, or emergency contacts (such as grandparents). Please complete using block capitals. Thank you.

NAME RELAT		TIONSHIP TO CHILD NEW MOBILE PHONE NUMBER		NUMBER	NEW EMAIL ADDRESS				
Other details									
NAMES OF <u>ALL</u> THOSE MOVING TO NEW ADDRESS (including parents, carers, siblings, etc.)									
YOUR NAME		RELATIONSHIP TO CHIL	D NEW ADDRESS	NEW ADDRESS (including postcode)		NEW HOME PHONE NUMB	ER		
	NAME OF CHILD:				YEAR & CLASS:				
	NAME OF CHILD:				YEAR & CLASS:				
	NAME OF CHILD:				YEAR & CLASS:				
	NAME OF CHILD:				YEAR & CLASS:				

DATE: