

CHANGE TO STUDENT INFORMATION



PLEASE ENSURE THAT ALL SECTIONS ARE COMPLETED

LEGAL SURNAME:	LEGAL FORENAME:	TUTOR GROUP:
----------------	-----------------	--------------

STUDENT'S CURRENT ADDRESS:

BRIEF DESCRIPTION OF CHANGES TO BE MADE:

DATE CHANGES TO TAKE EFFECT FROM:

Signed: _____ (*Parent/Carer*) Date: _____

PLEASE COMPLETE INFORMATION OVERLEAF WHERE APPLICABLE

Please return the form to studentservices@wbs.school

FOR OFFICE USE ONLY:

Date Recd: _____ Actioned By: _____ Date: _____

Note on SIMS

PRIORITY CONTACT NUMBER 1**PRIORITY CONTACT NUMBER 2**

Title (eg. Mr/Mrs/Miss/Ms/Dr)	Title (eg. Mr/Mrs/Miss/Ms/Dr)
Surname:	Surname:
Forename:	Forename:
Mobile No:	Mobile No:
Home No:	Home No:
Work No:	Work No:
Home Address (if different to student's listed overleaf)	Home Address (if different to student's listed overleaf)
Post Code	Post Code
Current Email address for school communications:	Current Email address for school communications:
Parental Responsibility (YES/NO) Relationship:	Parental Responsibility (YES/NO) Relationship:

It is essential that we have a minimum of two nominated contacts in the event of an emergency and that we are notified of any changes in order for our records to be correct at all times. You may therefore wish to provide us with additional contact details should an emergency arise when you are unavailable. If so, please complete the information below:

Title (eg. Mr/Mrs/Miss/Ms/Dr)	Title (eg. Mr/Mrs/Miss/Ms/Dr)
Surname:	Surname:
Forename:	Forename:
Mobile No:	Mobile No:
Home No:	Home No:
Work No:	Work No:
Home Address (if different to student's listed overleaf)	Home Address (if different to student's listed overleaf)
Post Code	Post Code
Current Email address for school communications:	Current Email address for school communications:
Parental Responsibility (YES/NO) Relationship:	Parental Responsibility (YES/NO) Relationship: