It is essential that we are able to contact Parents/Guardians whenever necessary. With this in mind, we would be grateful if you would take a few minutes to complete this form with all of your current details so that we can ensure that our files are accurate. We use **webtext** and **email** as a means of communication with parents. It is vital that we have your current contact details and that you notify the office in case of any changes.

**BLOCK CAPITALS PLEASE**

|  |  |
| --- | --- |
| **Name of student:** |  |
| **Form:** |  |
| **Parents’/Guardians’ Full Names:** |  |
| **Name of Parent(s)/Guardian(s)** **Home Address:** |  |
| **Name of Parent(s)/Guardian(s)** **Second Address** **(if applicable):** |  |
| Contact Numbers: |
|  | **MOTHER/GUARDIAN**  | **FATHER/GUARDIAN** |
| **Home:** |  |  |
| **Work:** |  |  |
| **Mobile:** |  |  |
| **Email:**Please Print |  |  |
| **CONTACT IN CASE OF AN EMERGENCY IF PARENTS / GUARDIANS CANNOT BE CONTACTED:** | **Name:** |  |
| **Relationship to student:** |  |
|  **Home Telephone:** |  |
| **Mobile Telephone:** |  |
| **Work telephone:** |  |

** I give permission for my email and mobile phone number to be given to the Parent Teacher Association**