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**