

Change of Details Form

Completed by:

Date:

Please complete and return to the school office in an envelope or via email to barleyfields@sbcschools.org.uk



CORE INFORMATION			
Please note legal parents are entitled to request access to any information about their child unless there is a legal order in place. We may need to see documentary evidence to support this.			
Forename			
Surname			
Birth Date		Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Middle Names			
Former Surname			
Preferred Forename			
Preferred Surname			
Main Residential Address			

EMERGENCY CONTACT 1 (this must be a parent, guardian or carer)			
Title:		Relationship	
Full Name			
Address including postcode			
Mobile number		Home number	
Work number		Other	

Email address					
Does the child live at this address?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Does this parent have parental responsibility for this child?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are there any legal orders in place regarding this parent?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Is this parent authorised to collect the child from school?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is this parent currently a member of Her Majesty's Armed Forces?	<input type="checkbox"/> yes		<input type="checkbox"/> no		
If yes are you	<input type="checkbox"/> category 1 personnel		<input type="checkbox"/> category 2 personnel		

EMERGENCY CONTACT 2 (this must be a parent, guardian or carer)					
Title:			Relationship		
Full Name					
Address including postcode					
Mobile number			Home number		
Work number			Other		
Email address					
Does the child live at this address?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Does this parent have parental responsibility for this child?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are there any legal orders in place regarding this parent?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Is this parent authorised to collect the child from school?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is this parent currently a member of Her Majesty's Armed Forces?	<input type="checkbox"/> yes		<input type="checkbox"/> no		
If yes are you	<input type="checkbox"/> category 1 personnel		<input type="checkbox"/> category 2 personnel		