



MARLBOROUGH PRIMARY SCHOOL

CHANGE OF DETAILS FORM

Child's Surname: _____	First Name: _____
Middle Name(s): _____	Chosen Name: _____
Date of Birth: _____	Gender:(M or F) _____
Address: _____	

Post Code: _____	Home Tel. No.: _____

Parental Contacts:

Mother's Surname: _____	First Name: _____	
Title: _____	Parental Responsibility(Y/N) _____	Priority: (1,2, 3 or 4) _____
Address: _____		

Post Code: _____		
Home Tel. No.: _____	Mobile Number: _____	
Day Place: _____	Day Telephone: _____	
Home Email Address: _____		

Father's Surname: _____	First Name: _____	
Title: _____	Parental Responsibility(Y/N) _____	Priority: (1,2,3 or 4) _____
Address: _____		

Post Code: _____		
Home Tel. No.: _____	Mobile Number: _____	
Day Place: _____	Day Telephone : _____	
Home Email Address: _____		

Other Emergency Contacts:

Surname: _____	First Name: _____		
Title: _____	Relationship to child: _____	Priority: (1,2,3 or 4) _____	
Address: _____			

Postcode: _____			
Home Tel. No.: _____	Mobile Number: _____		
Day Place: _____	Day Telephone : _____		

Surname: _____			First Name: _____
Title: _____	Relationship to child: _____	Priority: (1,2,3 or 4) _____	
Address: _____			

Postcode: _____			
Home Tel. No.: _____	Mobile Number: _____		
Day Place: _____	Day Telephone: _____		

Medical Information

Doctor's Name: _____	Telephone Number: _____
Doctor's Address: _____	

Please list any medical conditions that we should know about, including allergies:

Does your child have any dietary needs for medical or religious reasons? If so, please list.

DECLARATION: (Parent or Guardian)

I confirm that the information held on this form is correct.

Signed: **Date:**

Relationship to child: