



An Daras Trust
Igniting Curiosity Growing Capabilities



St Catherine's C of E School

Executive Headteacher: Mrs Louise Hussey Head of School: Ms Pippa Warner

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Change of Details Form

Section A – Basic Pupil Details

Legal Forename:..... Middle Name(s):.....

Legal Surname:.....

Preferred Surname (if different):.....

Preferred Forename (if different):.....

Previous Surname (if applicable):..... Date of Name change:.....

Evidence provided to confirm name change:.....

Brothers/Sisters who are currently at this school that changes also apply to (This includes half/step brothers and sisters).

Please list in age order:

Surname	Forename	Gender	Date of Birth	Same Address
		Male/Female	/ /	Yes / No
		Male/Female	/ /	Yes / No
		Male/Female	/ /	Yes / No
		Male/Female	/ /	Yes / No

Section B - New Pupil Address

Postcode:..... House Number/Name:.....

Street:..... Town/City:.....

Section C – New Contact Details – Please complete changes only

If change of address is the same as child please tick here and complete name and telephone only: ☐

Contact Priority Number:

Title:..... Forename:..... Surname:.....

Postcode:..... House Number/Name:.....

Street:..... Town/City:.....

Contact Type

Mother ☐ Father ☐ Step Parent ☐ Foster Parent ☐ Grandparent ☐ Other ☐(please specify)

Email:.....

Tick one telephone number as the MAIN DAY TME NUMBER for use in emergency

Home telephone:..... Main ☐ Work:..... Main ☐

Mobile:..... Main ☐ Other:..... Main ☐

If change of address is the same as child please tick here and complete name and telephone only: ☐

Contact Priority Number:.....

Title:..... Forename:..... Surname:.....

Postcode:..... House Number/Name:.....

Street:..... Town/City:.....

Contact Type

Mother ☐ Father ☐ Step Parent ☐ Foster Parent ☐ Grandparent ☐ Other ☐(please specify)

Email:.....

Tick one telephone number as the MAIN DAY TME NUMBER for use in emergency

Home telephone:..... Main ☐ Work:..... Main ☐

Mobile:..... Main ☐ Other:..... Main ☐

Section E – Pupil Medical Information

Medical Practice:.....

Practice Address:.....

.....

Telephone:..... Doctor's Name:.....

Medical Conditions/Information: Please include details of any allergies/medical conditions e.g. asthma, and medications regularly taken. (If you require more space please give full details on a separate sheet).

If none, please state NONE.

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Emergency Medical Consent: ☐

(This confirms your agreement for the school to initiate appropriate medical treatment in the event of an emergency)

Section I – Court Orders

If the pupil is subject to any Court Order/s please specify the Court Order terms below. This information is CONFIDENTIAL but will help the school understand the pupil's position. A copy of the Court Order/s will need to be provided.

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I confirm that the above information is true and accurate. I undertake to inform the school if any of the above details change.

I understand that I must provide proof of any legal name changes.

Signed: Date:

Signed:..... Date:.....