



# Wingham High School Confirmation/Notification Change of Details



## Student Details

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ School Year: \_\_\_\_\_  
Student's Mobile: \_\_\_\_\_

## Student's Home Address:

Change of Address Yes  (complete below) No

New Address: \_\_\_\_\_  
\_\_\_\_\_  
Postal Address: (or same as above) \_\_\_\_\_  
\_\_\_\_\_

## Change of Circumstances and/or Contact Details

Yes  (complete below) No  complete below (to ensure our records are accurate)

### Parents/Carers (Living with student):

Parent/Carer 1: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Telephone/s: \_\_\_\_\_ Work \_\_\_\_\_  
Occupation: \_\_\_\_\_

Parent/Carer 2: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Telephone/s: \_\_\_\_\_ Work \_\_\_\_\_  
Occupation: \_\_\_\_\_

Family email address: \_\_\_\_\_

## Change of Circumstances and/or Contact Details

Yes  (complete below) No  complete below (to ensure our records are accurate)

### Other Parents/Carers (Not living with student):

Does the student sometimes reside at this address? Yes  No  Shared responsibility? Yes  No

Parent/Carer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Telephone/s: \_\_\_\_\_ Work \_\_\_\_\_

## Change of Emergency Contact Details

Yes  (complete below) No  complete below (to ensure our records are accurate)

### Emergency Contact Details:

1) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Telephone/s: \_\_\_\_\_  
2) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Telephone/s: \_\_\_\_\_

Parent/Carer name: \_\_\_\_\_

 Parent/Carer sign: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use:  
Sign.....  
Date..... / ..... / .....