

CHANGE OF PERSONAL DETAILS

Student's Surname: _____ Student's Christian Name/s: _____

Name of Person completing form _____ Signature: _____

Relationship to student: _____ Date: _____

<p>Change of address: Department for Education requires proof of residence (Please supply a copy of your electricity bill)</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>Old Address:</p> <p>.....</p> <p>New Address:</p> <p>.....</p>
<p>Change of email address or phone number</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>Email address:</p> <p>Mobile Phone number:</p> <p>Work phone number:</p>
<p>Change of emergency contact</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>Name</p> <p>Relationship with student</p> <p>Home number</p> <p>Mobile number:</p> <p>Work number:</p>
<p>Change to Court Orders (please supply a copy of new court order)</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>Details</p> <p>.....</p> <p>.....</p>
<p>Change of other Parent/Guardian not residing at same address as student</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>Name</p> <p>Relationship with student</p> <p>Address:</p> <p>.....</p> <p>Home number</p> <p>Mobile number:</p> <p>Work number:</p>
<p>Change of work location/details</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>Work location</p> <p>.....</p> <p>Work phone number</p>

<p>EDSAS Updated</p>	<p>Date</p>	<p>By whom: (print name).....</p> <p>Initial:</p>
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