

Dear Parent,

It is essential that your contact details are kept up to date so that it is easy to contact you if your child sick or injured.

Please complete the form below if your details change at any time and return it to the office as soon as possible.

Child's Name: _____ Grade: _____

Please change:
Phone Number New No: _____

CIRCLE:

Mother /Father Home /Work /Mobile

Address _____

Emergency contact 1:

Name: _____ Relationship to child: _____

Contact No: _____

Emergency contact 2 :

Name: _____ Relationship to child: _____

Contact No: _____