

### Pupil change of details form

<b>Pupil name:</b>	
<b>Effective date:</b>	

		Type of change	(tick box)	
Name	Address	Phone number (parent/guardian)	Emergency contact	Medical/Allergy/Dietary

**New details (only complete for section ticked)**

<b>New legal name:</b> (evidence must be provided e.g. certificate of deed poll)	
<b>Reason for change of name:</b>	

<b>New address:</b>	
---------------------	--

<b>New phone number(s):</b>	
<b>Specify name &amp; Relationship:</b>	

<b>Emergency contact 1:</b>	<b>Name:</b>
	<b>Number:</b>
	<b>Relationship:</b>

<b>Emergency contact 2:</b>	<b>Name:</b>
	<b>Number:</b>
	<b>Relationship:</b>

<b>Medical condition:</b>	
<b>Medication taken regularly:</b>	
<b>Allergy:</b>	
<b>Dietary requirement:</b>	

<b>Parent/guardian signature:</b>		<b>Admin use Updated SIMS:</b>
<b>Date:</b>		