



# MILLTHORPE SCHOOL – CHANGE TO PUPIL INFORMATION

Please return completed form to School Office

Pupil Name: ..... Form: .....

Date change/s effective from: .....

**Change/s to Parent/Carer Contact Details:**     Existing contact     New contact

Parent/Carer Name: ..... Priority: (circle) 1 / 2 / 3 / 4

Address: ..... Post Code: .....

Contact Numbers: Home: ..... Work: .....

Mobile: ..... Other Tel. No: .....

**Change/s to Other Contact Details:**     Existing contact     New contact

Contact Name: .....

Address: .....

Contact Numbers: Home: ..... Work: .....

Mobile: ..... Other Tel. No: .....

**Change to Medical Details:**     Existing condition     New condition

Illness: .....

Medication: .....

Doctor: ..... Tel. No: .....

- If you would like to Office Staff to administer medication to your child, please complete an "Administration of Medication Agreement Form".

**Change in family circumstances:** .....

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**Any Other Changes:** .....

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## OFFICE USE ONLY

SIMS     Tutor/HoY     Medical List     2<sup>nd</sup> parent     School Nurse     Pupil File