

**ALDERMAN WHITE SCHOOL PUPIL RECORD AMENDMENTS**

PLEASE COMPLETE THIS SECTION	For office use only: -
PUPIL'S SURNAME: .....	Database amended (initial)
FORENAME(S): .....	
TUTOR GROUP: .....	
	Date

**PLEASE ONLY COMPLETE THE FOLLOWING RELEVANT SECTIONS FOR CHANGES TO RECORDS  
(INCLUDING THE DATABASE)**

PUPIL'S NEW SURNAME (if applicable) ..... DATE OF CHANGE .....

PUPIL'S NEW HOME ADDRESS (if applicable): .....

POSTCODE ..... HOME TELEPHONE .....

PARENT'S NEW SURNAME ..... TITLE ..... DATE OF CHANGE .....

<p><b>PRIORITY CONTACT 1:</b></p> <p>NAME:</p> <p>RELATION TO CHILD:</p> <p>CONTACT NUMBER:</p> <p>EMAIL (if applicable):</p> <p>ADDRESS (if different to child):</p>	<p><b>PRIORITY CONTACT 2:</b></p> <p>NAME:</p> <p>RELATION TO CHILD:</p> <p>CONTACT NUMBER:</p> <p>EMAIL (if applicable):</p> <p>ADDRESS (if different to child):</p>
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<p><b>ADDITIONAL CONTACT (if relevant):</b></p> <p>NAME:</p> <p>RELATION TO CHILD:</p> <p>CONTACT NUMBER:</p>	<p><b>ADDITIONAL CONTACT (if relevant):</b></p> <p>NAME:</p> <p>RELATION TO CHILD:</p> <p>CONTACT NUMBER:</p>
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**(PLEASE ADVISE IMMEDIATELY IF THERE ARE CHANGES TO THE ORDER OF CONTACT PRIORITY IN THE FUTURE)**

NAME OF PUPIL'S NEW SURGERY (if applicable):	NEW SURGERY ADDRESS AND TELEPHONE NUMBER:
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NEWLY DIAGNOSED MEDICAL CONDITIONS:

Notified by:	Date:
NAME:	

Signature of parent/guardian: