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Change of Details

TO BE COMPLETED BY THE PARENT / CARER WITH MAIN PARENTAL RESPONSIBILITY. PLEASE COMPLETE IN BLOCK CAPITALS WITH BLACK INK AND TICK THE APPROPRIATE BOXES.

<u>Section</u>	on 1: Y	our c	hild's	det	<u>tails</u>																			
Child's	first na	mo:																						
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Date o	f birth:						Year	Gro	up:															
N.	_	I	I		0	7																		
Section	on 2: Y	our c	urrer	nt de	etails	(he	eld c	on o	ur s	syste	ems)												
	Mr								/Irs						Ms						Mi	SS		
	Oth	er (pl	ease	stat	e):	CI	ick c	or tap	p he	re to	ent	er te	xt.											
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Section 3: Your new details

Please indicate what type of change/s you are making:																	
	Name		Addre	ess			Tele	ohone						Em	ail		
Change	of details effective f	rom:															
	Mr			Mrs				Ms						Mis	S		
	Other (please s	state):	Click o	r tap hei	re to e	enter te	ext.										
First name:																	
								7						1		N	
Surname	e: 		-0							П							À.
			7							Щ							
Surname of all family members to be changed?																	
	Yes		No	Choo	ose a	an iter	n.										
If 'Yes'	If 'Yes' please provide legal documentation.																
New address:																	
New auc	iless.																
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Postcode	e:																
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Addres	s of all family m	embers	to be cl	nanged1	?												
	Yes		No	Choo	se ar	n item											
Daytime telephone number/s:																	
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Mobile number/s:																	
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New email address:																	
New em	all address:										Jan San						
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				44.5.													

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Please note that we are unable to process this form unless it is signed and dated.

Section 4: Declaration

		that I have given or or the child named in		nd correct and that I	have the
Signed:			17		
Date:				7	
	rn this form to: <u>na</u> rth Somerset, BS4		l.com or post to Na	nilsea School, Mizzyn	nead Road,