



# LEEK COUNTY FIRST SCHOOL



## Change of Details

Please complete the information below to inform us of any changes.

Childs Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Name (if changed by marriage/Deed poll) _____
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Previous Address	New Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Post Code: _____	Post Code _____

Will this also be your child's home address? YES / NO

Contact Number: _____
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Email Address: _____
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Signed \_\_\_\_\_ Parent/Carer      Date \_\_\_\_\_