

Change of Address/Contact Number(s) Form:

Student Name:	
Year Group:	
New Address:	
Date this takes effect if not immediately:	

New contact numbers - please place (if more than one number) in which order we should use them

Priority 1 number (This will also be used in the event of an emergency school closure)	
Priority 2 number:	
Priority 3 number:	

Siblings at this new address that are currently at PCS:	
Year group(s):	

Signed (parent/carer): **Date:**

When complete please hand this form to reception.