

Notification of change of contact details

Once complete, please ask your child to return this form to the Pupil Receptionist office. Thank you. Alternatively email to: admin@trinity.lewisham.sch.uk Attn: Miss W Suleiman

PARENT / CARER – Priority 1 contact

*This is the primary contact for the school and **must be a person with parental responsibility** for the child. This **must** be a parent with whom the child usually lives. The information provided below in **red** will be used by the school when sharing important messages, progress updates and newsletters.*

Title	
Forename	
Surname	
Relationship to child	
Home address	
Home telephone no.	
Mobile phone no.	
Email address	
Work address	
Work telephone no.	

PARENT / CARER – Priority 2 contact

*This is **a second parent/carer with parental responsibility** for your child. This parent / carer will be contacted should the Priority 1 contact be unavailable.*

Title	
Forename	
Surname	
Relationship to child	
Home address	
Home telephone no.	
Mobile phone no.	
Email address	
Work address	
Work telephone no.	

ADDITIONAL CONTACT – Priority 3 contact

This is a person the school could contact in the case of an emergency, if both Priority 1 or Priority 2 contacts cannot be reached for any reason. This may be a step-parent, grandparent or other family member.

Title	
Forename	
Surname	
Relationship to child	
Home address	
Home telephone no.	
Mobile phone no.	

ADDITIONAL CONTACT – Priority 4 contact

This is a person the school could contact in the case of an emergency, if Priority 1, Priority 2 and Priority 3 contacts cannot be reached for any reason. This may be a step-parent, grandparent or other family member.

Title	
Forename	
Surname	
Relationship to child	
Home address	
Home telephone no.	
Mobile phone no.	