



ST. CHAD'S C.E.(C) PRIMARY SCHOOL

DATA COLLECTION UPDATE FORM

NAME OF CHILD: _____ **CLASS:** _____

Details of data change e.g. telephone numbers, addresses, email addresses, family circumstances, medical condition etc...

DECLARATION

I declare the information provided to be correct to the best of my knowledge at the time of completion. I agree to notify the school of any change to my child's circumstances or any relevant information they might need to know.

Signed: _____ **Print Name:** _____ **Dated** _____

This must be a person with parental responsibility