Djanogly City Academy

Change of Contact Details

*To help us keep records up-to-date please complete and return this form to school reception as soon as possible. Please use **BLOCK** capitals throughout the form.*
If you are completing this form online, please return it to: DCAGBReception@djanogly.notts.sch.uk

Parent/Carer Name:		
Student Name(s): **1.** **2.** **3.**	**New Address:** **Postcode:**	…….
New Home number:		
New Mobile number:		
New Email address:		

Emergency Contact Number: THIS SECTION MUST BE COMPLETED		
Name:	**Number:**	**Relationship to child:**
Name:	**Number:**	**Relationship to child:**
Name:	**Number:**	**Relationship to child:**

It is extremely important that you inform school of any medical conditions your child/ children have as soon as possible

Change of Doctors Surgery (Name, Address, telephone number)	**Additional Information** (e.g. medical details, allergies, dietary)

I confirm that the information on this form is correct and that I am the legal guardian of this child.
I accept and understand the Academy's Privacy Notice explaining how the information I have provided will be used, which can be obtained from our website or Reception. (www.djanogly.notts.sch.uk)
I undertake to inform the school promptly in writing of any changes to the above information.

Signed: …… Date: …./…./….

OFFICE USE ONLY
Received date: …./…./….
Received by: ……
Updated on SIMS:
Scanned form on to SIMS account:
Filed: