

TOMLINSKOTE SCHOOL & SIXTH FORM COLLEGE

NAME(S) OF STUDENT(S) _____ FORM _____
 _____ FORM _____

NAME(S) OF PARENT/GUARDIAN WHO HAS/HAVE THE ACTUAL CUSTODY OF THE STUDENT(S)

1. NAME* _____
Relationship: _____
Address: _____

 Telephone (Home) _____ (Work) _____
 Mobile _____ Email _____

2. NAME _____
Relationship: _____
Address: _____

 Telephone (Home) _____ (Work) _____
 Mobile _____ Email _____

ADDITIONAL CONTACTS			
	Name	Relationship to student	Telephone Number
1			
2			
3			

Date: _____ Relationship to Student: _____

Signature of *: _____ Print Name: _____

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REGISTER OF PARENTS

It is a legal requirement that school records are kept updated with the information requested below.

1. The name(s) and address(es) of every person known by the school to be a parent or guardian who has actual custody of the student.
2. At least one telephone number at which the parent/guardian can be contacted in an emergency.

It is also helpful for the school to have additional contact names and telephone numbers and the names of the parent/guardian who do not have custody.

Please complete overleaf as appropriate and return to the school as soon as possible. Please also advise the school at any time if the details change.