



Waynflete Infants' School

Academy for Early Learning

CHANGE OF PERSONAL DETAILS FORM

PUPIL(s) NAME(s):	CLASS:
DETAILS OF CHANGE:	<p>*New address/new contact number/new email address (delete as required)</p> <p>*New address – all persons previously residing at the old address will be moved to the new address on our electronic system unless their names are recorded below:</p>
Parent/Carer Signature: _____ Date _____ Parent/Carer Name: _____ <i>(Please print)</i>	