To enable us to contact you in an emergency and update you via Parent Mail, please provide the school with any updates / changes to your contact details. All letters and information from the school will be sent via Parent Mail / email. **PLEASE RETURN YOUR COMPLETED FORM TO MRS BURVILL VIA THE SCHOOL OFFICE OR ATTACH AS AN EMAIL** ( burvillt@wellingschool-tkat.org **)**

**Student name:** ………………………………………………………………………………………………

**Year / Group**: ……………………………… **Date of birth:** ………………………………….

|  |
| --- |
| I agree that **unless I advise otherwise whilst my child is a student at Welling School,** I give permission for my child’s photo to be included in school newsletters; the school prospectus; school articles; our website, etc which may be viewed by the school community and the general public.YES NO Signed: parent / carer |

**PARENT / CARER CONTACT DETAILS**

**Contact 1**

Name

Relationship to student:

Address, including full postcode:

Home telephone number

Mobile telephone number

Work telephone number

email address

I do not have access to email

**Contact 2**

Name

Relationship to student:

Address, including full post code:

Home telephone number

Mobile telephone number

Work telephone number

email address

I do not have access to email