

Student Contact Details

PLEASE COMPLETE SECTIONS 1 and 2.

SECTION 1: Your Details

Student No.

Surname		Forename/s	
HOME ADDRESS:			
			Post Code:
Home/Landline telephone number	Mobile number	Other telephone	
Date of birth	Core Studies Tutor	Head of School	

SECTION 2: Names and Contact Details of Your Parents/Guardians

Please note that contact 1 will be sent all correspondence and contacted first in an emergency.

1 Mr/Mrs/Ms/Miss (please circle)	Full Name		
Address if different from your own.			
			Post code:
Work/Daytime telephone number	Mobile number	E-mail Address	
2 Mr/Mrs/Ms/Miss (please circle)	Full Name		
Address if different from your own			
			Post code:
Work/Daytime telephone number	Mobile number	E-mail Address	

Person to be contacted in an emergency if different from above:

Mr/Mrs/Ms/Miss (please circle)	Full Name		
Address if different from your own			
			Post code:
Work/Daytime telephone number	Mobile number	Relationship to student	

If you wish to have copies of College correspondence sent to a different address to your own please state below:

Mr/Mrs/Ms/Miss (please circle)	Full Name		
Address if different from your own			
			Post code:
Work/daytime telephone number	Mobile Number		

Are you living alone?

Yes No

Are you living with a host family?

Yes No

For College use only:

Date received	Input on REMS	Passed to office	Report labels	Certificate lbls	Copies to LRC
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