

Student ID:

First Name:	Surname:
New First Name*:	New Surname*:
*Any change in name needs to be accompanied by a legal document such as a Deed Poll and a copy of the document attached to this form.	

Change of Address

New Address:	
Town/City:	County:
Country:	Postcode:
Term Time Address (If Different):	
Town/City:	County:
Country:	Postcode:

Change of Contact Details

New Phone Number:
New Home Phone:
New Email Address:
New Emergency Contact Number:
New Emergency Contact Email:

Change of bank details

(please note we are unable to make payments into Post Office accounts)

Account holder's name:										
Bank name:										
Sort code (6 digits long):			-			-				
Account number (8 digits long):										

Email Preferences

Students who do not wish emails to be sent to parents/emergency contacts, please tick the box below and complete this section:

I do not wish emails to be sent to my parents/emergency contacts. <input type="checkbox"/>
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Declaration

I confirm that the information given on this form is correct to the best of my knowledge	
Learner Signature: (Please use a pen)	Date:
Parent/Guardian Signature: (Please use a pen)	Date:

Office Use Only	
Changes Made On REMs (Please Tick)	yes <input type="checkbox"/> no <input type="checkbox"/>
Changes Made By:	Signature: