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www.helston.cornwall.sch.uk

CHANGE OF CONTACT DETAILS

also complete a new Parental Consent Form for trips and visits, overleaf. Signed Print Date	STUDENT NAME		TUTOR GROUP		DATE OF BIRTH		
(Please tick) NAME OLD ADDRESS NEW ADDRESS OLD TELEPHONE NUMBER NEW TELEPHONE NUMBER DATE OF CHANGE *Please note: If your child's address or home emergency contacts have changed, please also complete a new Parental Consent Form for trips and visits, overleaf. Signed							
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