

Separated Parent Policy

Form A – Information Request from Non-Resident Parent

Please complete and return this form to the school office.

Child's A Name:	Child's A Date of Birth
Child's B Name	Child's B Date of Birth
Child's C Name	Child's C Date of Birth
Parent's Name:	Parent's Address:
Parent's Home Phone Number:	Parent's Work Phone Number:
Parent's Mobile Number:	Parent's E-mail Address:

How you wish to receive information (please tick if acceptable).

Post to home address	Via E-mail	By Via Child (school book bag)
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Information you wish to receive (please tick).

End of year school reports	Progress reports	Weekly newsletters
Details of school trips relating to your child	School photographs (copies of the proofs)	Information on meetings relating to your child (not contained in weekly newsletter)

Please indicate if you wish the following (please tick)

Individual parents' evening appointments.	School to ask for your consent where consent is required (would be in addition to resident parent's consent).
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Signed _____ Name _____

Date _____