



**The Schools Network**<sup>TM</sup>  
The Specialist Schools and Academies Trust



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## Contact Details – Academic Year 2014 - 2015

**Please return to the school office.**

CHILD /CHILDREN'S NAME/S : \_\_\_\_\_

YEAR/CLASS : \_\_\_\_\_

PARENT'S NAME : \_\_\_\_\_

MOBILE PHONE NUMBER : \_\_\_\_\_

EMAIL ADDRESS (HOME) : \_\_\_\_\_

EMAIL ADDRESS (WORK) : \_\_\_\_\_  
(If applicable)

EMAIL ADDRESS (OTHER) : \_\_\_\_\_  
(If applicable)

DATE : \_\_\_\_\_

PLEASE TICK IF YOU NEED A PAPER COPY OF ALL LETTERS

PLEASE TICK IF YOU DO NOT HAVE A MOBILE PHONE

**Please be sure to check your email address.  
One character wrong will cause any emails sent to bounce.**

Please supply any other information below that you may wish to give us: