



DUAL RESIDENCE/CARE FORM

In the case of separation or divorce, please let the school know who to contact and on which days, if a child is ill.

If you live at separate addresses, please let us have details of both (below).

Please ensure that you tick all appropriate boxes with regard to Primary Contact, Texts/Emails, Newsletters and School Reports

Child(ren)'s name(s) and class(es): _____

			Please tick as appropriate								
			Which days primary contact					Normal texts and emails required	School trip texts and emails required	Newsletter required	School Report required
Name	Address	Telephone	Mon	Tue	Wed	Thu	Fri				
Mother											
Father											

Signed _____

Printed name _____

Date ____/____/____