Student Contact Details 2009-2010

Dear Parents/Guardians,

To ensure that all contact information for your children in our records is up to date, we would be grateful if you could complete your details in the form below. Please provide all contact numbers, including work and mobile numbers – you will only be contacted via these numbers in case of emergency.

Please PRINT clearly and return this form to your childs mentor

		Your (Child attending	ISH:			
Child #1 Surname:			First Name: (for official documentation eg reports/diplomas) Year/Class:				
Nationality:			Mother Tongue 1:			Mother Tongue 2:	
Home Telephone:	EMAIL Address to be used for <u>ALL</u> school correspondence:						
Home Address:	Street:						
	~						
City:	Postcode:						
Names of other sibli	ndary):		Year an	d Class:			
		Parent/Gi	uardian Contac	t Details:	<u> </u>		
Parent/Guardian	en child is ill):	First Na	me:				
Relationship to Stude	Nationality:						
Contact Tel #1			Contact Tel #2				
Email Address:			I				
Address (only if differen	nt than above)	Street:					
City:	Postcode:						
Other Parent/Guardian Surname:				First Name:			
Relationship to Student:			Nationality:				
Contact Tel #1	Contact Tel #2						
Email Address:			I				
Address (only if differen	nt than above)	Street:					
City:			Postcode:				
		Emergency Contac	cts (Not parent	/Guardian	names)		
In the	case that your ch	nild falls ill or has an accident				se provide additional nam	es
N		of friends or extended fo			-		
Name:			Relationship to Student:		•	Contact Tel:	
To facilitate the co	mnilation of 1	Parent Directories (for so	chool & parent	use only)	the PT A	(Primary Parent Tea	cher
Association) & the	PA (Seconda	ry Parent Association) 1	may require so	ne details t			
	asses, parent	names, email addresses	and tel. contac	ts.)		_	-
	I	f you DO NOT wish the	is information t ternational School of The		d, please	tick the box:	