

Change of Details Form



STUDENT DETAILS

Surname:		First Name:	
Student ID number:			
Does this change apply to all students in the family?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Sibling Names in School:			

PARENT DETAILS

Surname:		First Name:	
Previous Home Address:		New Home Address:	
Previous Mail Address:		New Mail Address:	
Previous Phone Numbers:		New Phone Numbers:	
Current Email:			

IDENTIFY THE TYPE OF DETAILS TO BE CHANGED

- | | |
|---|---|
| <input type="checkbox"/> Address or contact details | <input type="checkbox"/> Billing address |
| <input type="checkbox"/> Emergency contacts | <input type="checkbox"/> Medical condition of student |
| <input type="checkbox"/> Living arrangements of student | <input type="checkbox"/> Immunisation update |
| <input type="checkbox"/> Parents/guardians details/alteration | <input type="checkbox"/> Medicare/ambulance number |
| <input type="checkbox"/> Doctor's details/change of doctor | <input type="checkbox"/> Parent Name Change |

DETAILS:

*If Guardianship is changing, the original Guardian must sign this and the new Guardian must fill out a new enrolment form.

Thank you for taking the time to modify your details. We understand that the information you have provided is confidential and will be treated as such. These details are required to ensure the College has correct and up to date details at all times.

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____