



CHANGE OF STUDENT PERSONAL INFORMATION

PLEASE **ONLY** COMPLETE THE CHANGES TO BE MADE

STUDENT		<i>Please complete for each student enrolled</i>
LEGAL SURNAME:	LEGAL GIVEN NAMES:	
<i>Preferred: if applicable</i>	<i>Preferred: if applicable</i>	
YEAR LEVEL:		

MAILING TITLE (Parent/Guardian): Please ✓	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>
RESIDENTIAL ADDRESS:				
POSTAL ADDRESS(if different from home address):				
Home Phone No:				
Email:				
Mother's Work Phone:		Mother's Mobile:		
Father's Work Phone:		Father's Mobile:		

Additional Emergency Contacts:	
Contact #1:	Phone(H):
Relationship to Student:	Phone(W):
	Mobile:
Contact #2:	Phone(H):
Relationship to Student:	Phone(W):
	Mobile:
Contact #3:	Phone(H):
Relationship to Student:	Phone(W):
	Mobile:

ANY ADDITIONAL INFORMATION:

PLEASE DO NOT USE THIS FORM IF THERE IS A CHANGE IN PARENT/GUARDIANSHIP OF STUDENT- PLEASE PROVIDE SEPARATE WRITTEN CONFIDENTIAL ADVICE IN THIS CASE

Parent Signature:		<i>Office Use</i>	Entered By	Date
Date:		<i>Only:</i>		