



Students Change of Details Form

To ensure that students details are always correct, please complete the form below and if required, provide evidence of these changes. By ensuring that students details are correct, it allows the college to contact parents/emergency contacts should there be any issues while at school or on excursions/camps.

1) STUDENT DETAILS (who do these changes apply to?)	
Given Name:	Family Name:
Class:	
Do these changes apply to other siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2) STUDENT PERSONAL DETAILS
Any changes to the following details must be accompanied by evidence of such changes, such as a change of name certificate
NEW Family Name:
NEW Given Name:
NEW Date of Birth:
Previous Family Name:
Previous Given Name:
Previous Date of Birth:

3) STUDENTS RESIDENTIAL DETAILS	
NEW Residential Address:	
NEW Suburb:	NEW Postcode:
NEW Email:	
Previous Residential Address:	
Previous Suburb:	Previous Postcode:
Previous Email:	

4) PARENTAL/GUARDIAN INFORMATION	
FATHER/GUARDIAN	MOTHER/GUARDIAN
Family Name:	Family Name:

Given Name:	Given Name:
Address:	Address:
Suburb:	Suburb:
Postcode:	Postcode:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Business Phone:	Business Phone:
Email:	Email:

5) UPDATED EMERGENCY CONTACT OTHER THAN PARENTS

Please give the name and telephone number of two people, **other than the parent/s or guardian**, who will act as a contact, should your child become ill at school and we are **UNABLE to contact you**.

Further to this, please advise the college which current emergency contact you wish to remove from your child's file.

Name of contact person:		
Relationship to student:		
Home Phone:	Business Phone:	Mobile Phone:
Name of contact person:		
Relationship to student:		
Home Phone:	Business Phone:	Mobile Phone:

6) CHANGE OF OTHER DETAILS

Other details may include change of financial payment responsibilities, residential status or parent's marital status.

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I understand and accept that the information provided above is correct and true.

Parents/Guardians Full Name Parents/Guardians Signature Date

Office Use Only

Document provided? Yes No

Comments: _____

Received by: _____ Date received & entered: _____