



THANK YOU FOR TAKING THE TIME TO UPDATE YOUR DETAILS.

**It is very important to have correct information if we should need to contact you in a medical emergency.
Correct details also ensure that you receive reports/newsletters and any other correspondence in a timely manner.**

Please write CLEARLY

Name of Student: _____

Preferred Name: _____

Year Level: _____ Home room: _____ Changes as of Date: _____
(if known)

Dear Parent/Caregiver

Please complete this form, sign it and have your child return it to the dean as soon as possible.

Note: the address cannot be changed in our database until this form has been completed and signed by you and then signed off by the dean or deputy principal.

Parents/Caregivers names: _____

New Address: _____

Home phone number: _____ Work phone number: _____
Mobile: _____ E-mail address: _____

What is the best contact in case of a medical emergency, etc. Please provide their full name and relationship to your child:

Does this address change apply to siblings: Yes No

Does this change of contact details apply to both parents?
(If no, please give other address if known) Yes No

Was student originally enrolled as living with a Caregiver?
(if yes - please provide name and address of caregivers at time of enrolment) Yes No

Changes requested by: Mother / Father / Caregiver
(circle one only)

Signature: _____ Date: _____
Parent/Caregiver

Signature: _____ Date: _____
Dean/Deputy Principal