

CHANGE OF STUDENT ADDRESS/CONTACT DETAILS

Name of Student: _____

Preferred Name: _____

Year: _____ Home room (if known) _____

Date: _____

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 _____

Please write CLEARLY

What is the best number to contact you on in case of a medical emergency etc:

If this number is for a person other than yourself, please provide their full name and relationship to your child:

Address change for siblings also: Yes No

Does this change of contact details apply to both parents?
(If no, please give other address if applicable) 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: _____
Parent/Caregiver

Signature: _____
Dean/Deputy Principal

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 ensure that you receive reports/newsletters and any other correspondence in a timely manner.



AVONDALE
COLLEGE

Victor Street, Avondale
Auckland 1026
New Zealand

Telephone (09) 828-7024
www.avcol.school.nz