



## Change of Details Form

### STUDENT DETAILS:

<b>First Name:</b> _____	<b>Surname:</b> _____
<b>Does this change apply to all students in the family?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>
<b>Sibling Names in School:</b> _____	

### 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 (work/contact) | <input type="checkbox"/> Medicare/Ambulance Number    |
| <input type="checkbox"/> Doctor's Details/Change of Doctor        | <input type="checkbox"/> Other _____                  |

### DO YOU HAVE A NEW ADDRESS?:

<i>CHANGE/S ARE FOR PARENT/GUARDIAN/OTHER</i> _____ <small>(PLEASE CIRCLE)</small> Please give the person's full name and CIRCLE the relationship to the STUDENT			
<b>No. &amp; Street: or PO Box details:</b> _____			
<b>Suburb:</b> _____			
<b>State:</b> _____	<b>Postcode:</b> _____		
<b>Home Telephone Number:</b> _____	<b>Silent Number: (tick)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### DETAILS I NEED TO CHANGE:

<i>CHANGE/S ARE FOR PARENT/GUARDIAN/OTHER</i> _____ <small>(PLEASE CIRCLE)</small> Please give the person's full name and CIRCLE the relationship to the STUDENT	
<b>Details:</b>	_____
_____	
_____	

### OLD DETAILS TO BE DELETED?

<i>DELETIONS ARE FOR PARENT/GUARDIAN/OTHER</i> _____ <small>(PLEASE CIRCLE)</small> Please give the person's full name and CIRCLE the relationship to the STUDENT	
<b>Details:</b>	_____
_____	
_____	

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

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_