

CHANGE OF CONTACT DETAILS

For change of caregiver please use reverse side of this form

Student Details:

Student Name: _____ **Home Group:** _____

Student Mobile Number: _____ **Student Email address:** _____

Parent Details:

New Mailing Title (name of parent/caregiver): _____

New Mailing Address: _____

_____ **Postcode:** _____

New Residential Address (unless as above): _____

_____ **Postcode:** _____

New Billing Address (unless as above): _____

_____ **Postcode:** _____

Parent 1 Details

Name: _____

Home Phone: _____ **Mobile Phone:** _____

Work Phone: _____ **Email address:** _____

Parent 2 Details

Name: _____

Home Phone: _____ **Mobile Phone:** _____

Work Phone: _____ **Email address:** _____

Emergency Contacts:

Name: _____ **Relationship:** _____

Home Phone: _____ **Mobile Phone:** _____

Work Phone: _____ **Email address:** _____

Name: _____ **Relationship:** _____

Home Phone: _____ **Mobile Phone:** _____

Work Phone: _____ **Email address:** _____

Any other information: _____

Parent 1/Caregiver Signature: **Date:**/...../.....

Parent 2/Caregiver Signature: **Date:**/...../.....

OFFICE USE ONLY:		Date received:		Received by:		
UPDATED:	EDSAS <input type="checkbox"/>	DAYMAP <input type="checkbox"/>	SMS GLOBAL <input type="checkbox"/>	FINANCE <input type="checkbox"/>		

CHANGE OF CUSTODY/CAREGIVER

If there is NO change of caregiver please use reverse side of this form

<u>Student Details:</u>	
Student Name: _____	Home Group: _____
Student Mobile Number: _____	Student Email address: _____
<u>CURRENT Parent/Caregiver:</u>	
Name: _____	Relationship: _____
Mailing Address: _____	
_____	Postcode: _____
<u>NEW Parent/Caregiver:</u>	
Name: _____	Relationship: _____
Mailing Address: _____	
_____	Postcode: _____
Home Phone: _____	Mobile Phone: _____
Work Phone: _____	Email address: _____
Residential Address (unless as above): _____	
_____	Postcode: _____
Billing Address (unless as above): _____	
_____	Postcode: _____
Custody Order/Agreement: YES/NO – If yes, please provide the school with a copy of the most recent Custody Order	

Any other information: _____

CURRENT Parent /Caregiver Signature: **Date:**/...../.....

NEW Parent/Caregiver Signature: **Date:**/...../.....

OFFICE USE ONLY:	Date received:	Received by:		
UPDATED:	EDSAS <input type="checkbox"/>	DAYMAP <input type="checkbox"/>	SMS GLOBAL <input type="checkbox"/>	FINANCE <input type="checkbox"/>