



# Change of Details Form

Student Personal Details:						
Surname:				Given Name:		
Year Level:		Date of Birth		Sex:		
Street Address:						
Suburb:			Postcode:			

Parent /Guardian 1 Details:						
Surname:				Given Name:		
Relationship:						
Does the student reside with you?			Yes:		No:	
Address:	Mailing title:					
	Street:					
	Suburb:		Postcode:			
Email:						
Phone :	Home:	07)		Work:	07)	
	Mobile:					
<input type="checkbox"/> Debtor on account						

Parent /Guardian 2 Details:						
Surname:				Given Name:		
Relationship:						
Does the student reside with you?			Yes:		No:	
Address:	Mailing title:					
	Street:					
	Suburb:		Postcode:			
Email:						
Phone :	Home:	07)		Work:	07)	
	Mobile:					
<input type="checkbox"/> Debtor on account						

Office Use Only:	Date:	Officer	Stamp:
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**P.T.O**

# Change of Details Form

Emergency Contact Details: <i>(Other than parent/guardian)</i>			
Does the student reside with you?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Surname:	<input type="text"/>	Given Name:	<input type="text"/>
Relationship to Student	<input type="text"/>		
Phone :	Home:	<input type="text" value="07"/>	Work: <input type="text" value="07"/>
	Mobile:	<input type="text"/>	

Emergency Contact Details: <i>(Other than parent/guardian)</i>			
Does the student reside with you?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Surname:	<input type="text"/>	Given Name:	<input type="text"/>
Relationship to Student	<input type="text"/>		
Phone :	Home:	<input type="text" value="07"/>	Work: <input type="text" value="07"/>
	Mobile:	<input type="text"/>	

Emergency Contact Details: <i>(Other than parent/guardian)</i>			
Does the student reside with you?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Surname:	<input type="text"/>	Given Name:	<input type="text"/>
Relationship to Student	<input type="text"/>		
Phone :	Home:	<input type="text" value="07"/>	Work: <input type="text" value="07"/>
	Mobile:	<input type="text"/>	

Finance Details:	
Debtor Bank Account name:	<input type="text"/>
Debtor BSB:	<input type="text"/>
Debtor Account Number:	<input type="text"/>
Student Centrepay number:	<input type="text"/>

Legal Orders / Custody details:	
<input type="text"/>	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>