



Change of Personal Details

Office Use Only:
 TASS
 Finance
 JB 10, 11 & 12
 Marketing
 Student Services

Surname of Student/Students

1. First Name _____ Class _____ 3. First Name _____ Class _____

2. First Name _____ Class _____ 4. First Name _____ Class _____

Student Address _____

Suburb _____ Postcode _____

Household 1 Details

Mother Title Ms / Miss / Mrs / Dr / Prof Father Title Mr / Dr / Prof Guardian Mr / Ms / Miss / Mrs / Dr / Prof

Mother First Name _____ Father First Name _____

Mother Surname _____ Father Surname _____

Guardian First Name _____ Guardian Surname _____

Preferred Email _____ / _____

Home Address _____

Postal Address _____

(if different from home address)

Tel. H _____ Mobile M _____ Mobile F _____

(Mother)

(Father)

Work Details Mother

Occupation _____ Company _____ Tel. W _____

Work Details Father

Occupation _____ Company _____ Tel. W _____

Work Details Guardian

Occupation _____ Company _____ Tel. W _____

Household 2 Details

Mother Title Ms / Miss / Mrs / Dr / Prof Father Title Mr / Dr / Prof Guardian Mr / Ms / Miss / Mrs / Dr / Prof

Mother First Name _____ Father First Name _____

Mother Surname _____ Father Surname _____

Guardian First Name _____ Guardian Surname _____

Preferred Email _____ / _____

Home Address _____

Postal Address _____

(if different from home address)

Tel. H _____ Mobile M _____ Mobile F _____

(Mother)

(Father)

Work Details Mother

Occupation _____ Company _____ Tel. W _____

Work Details Father

Occupation _____ Company _____ Tel. W _____

Work Details Guardian

Occupation _____ Company _____ Tel. W _____

New Billing Address: MUST BE SUBMITTED SEPARATELY IN WRITING AND SIGNED BY THE APPROPRIATE PARTIES.

Refer to Finance Department.

PLEASE SCROLL TO PAGE 2 TO AMEND YOUR EMERGENCY CONTACT DETAILS AND TO SUBMIT THIS FORM



New Emergency Contact Details

New Emergency Contact 1 Details

Name: _____

Relationship to Student: _____

Phone Number: _____

Mobile Number: - _____

New Emergency Contact 2 Details

Name: _____

Relationship to Student: _____

Phone Number: _____

Mobile Number: _____

New Emergency Contact 3 Details

Name: _____

Relationship to Student: _____

Phone Number: _____

Mobile Number: _____