



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.



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: _____