



CHANGE OF INFORMATION FORM

Please fill this form in and return it to the School Office as soon as possible if any of the following details have changed.

Family Name: _____ (Residential Parent)

Student(s) Names: _____

Change of Address: _____

Postal Address if Different from Above: _____

Phone No. _____ Date Address Changed: _____

Previous Address: _____

Does your child now travel by Bus? _____ or Private Conveyance? _____

Was your child/ren previously travelling by bus or Private Conveyance? If so, last day of travel was

Emergency Contact: (other than parents)

Name: _____ Relationship with Family: _____

Address: _____ Phone No: _____

Residential Father

Title: (eg. Mr. Dr.) _____ Family Name: _____

Given Names: _____ Relationship to Student/s: _____

Street Number: _____ Street Name: _____

Town: _____ Postcode: _____

Home Telephone: _____ Work Telephone: _____

Mobile: _____ Email: _____

PTO

Residential Mother

Title: (eg. Mrs. Dr.) _____ Family Name: _____

Given Names: _____ Relationship to Student/s: _____

Street Number: _____ Street Name: _____

Town: _____ Postcode: _____

Home Telephone: _____ Work Telephone: _____

Mobile: _____ Email: _____

Non Residential Parent

Title: (eg. Miss, Ms, Mrs, Mr, Dr.) _____

Family Name: _____ Given Names: _____

Street Number: _____ Street Name: _____

Town: _____ Postcode: _____

Home Telephone: _____ Work Telephone: _____

Mobile: _____ Email: _____

- Is this Non Residential Parent to be contacted in case of an emergency if the Residential Parent is not able to be contacted? Yes/No
- Is this Non Residential Parent to receive copies of school reports? Yes/No

Any changes to your billing details?

Name: _____

Address: _____

Are there any custody/access details the school should be aware of?

If so, please given details:

Parent's Signature: _____ Date: _____