



## CHANGE OF ADDRESS

**Please complete this form and return to the office  
with SUPPORTING DOCUMENTATION  
e.g. rates notice,**

Date: ..... / ..... / .....

**Student Name:** \_\_\_\_\_ **Year: 11 / 12**  
(Please circle)

**Family Mailing Title** (eg Mr & Mrs Smith) : \_\_\_\_\_

**Family / Guardian NEW Address:**

Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone No: 

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Email: \_\_\_\_\_

**Previous address:** \_\_\_\_\_

**Father / Guardian Contact Numbers – Name:** \_\_\_\_\_

Mobile: 

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Work: 

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**Mother / Guardian Contact Numbers – Name :** \_\_\_\_\_

Mobile: 

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Work: 

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*IF PARENTS / GUARDIANS CANNOT BE CONTACTED, AN EMERGENCY CONTACT  
WILL BE NOTIFIED. IF NEEDED, AN AMBULANCE WILL BE CALLED.*

**Emergency Contact No. 1 (other than parents) Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: 

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**Emergency Contact No 2 (other than parents) Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: 

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**Signature of Parent / Caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Office Use Only – Initial required when completed									
Confirmation of details from Parent (circle relevant)									
Phone      OR      In Person									
ERN		Excel Database		BOS		Email Database Spreadsheet		Leanne – Email Database	