



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
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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/ AMBULANCE REPORT	BOS	EDVAL (for name changes)
Completed	Completed.....	Completed	Completed
Date	Date	Date	Date