

Cases No.	<i>Entered</i>	<i>Date</i>
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CHANGE OF STUDENT ENROLMENT DETAILS

STUDENT DETAILS :			
SURNAME:	FIRST NAME:	MIDDLE NAME:	D.O.B.
INDEPENDENT STUDENT YES / NO			

ADDRESS:	POSTAL: (If different from residential address)
HOME TELEPHONE:	

STUDENT CONTACT DETAILS:		
STUDENT HOME TELEPHONE:	STUDENT MOBILE:	STUDENT E-MAIL:

PRIMARY FAMILY DETAILS:	
FIRST PARENT/GUARDIAN DETAILS:	
SURNAME:	FIRST NAME:
RELATIONSHIP TO STUDENT:	OCCUPATION:
HOME TELEPHONE / MOBILE:	WORK TELEPHONE NUMBER:
EMAIL:	

SECOND PARENT/GUARDIAN DETAILS :	
SURNAME:	FIRST NAME:
RELATIONSHIP TO STUDENT:	OCCUPATION:
HOME TELEPHONE / MOBILE:	WORK TELEPHONE NUMBER:

EMERGENCY CONTACT DETAILS:	
FULL NAME:	RELATIONSHIP TO STUDENT:
CONTACT TELEPHONE NUMBER:	
FULL NAME:	RELATIONSHIP TO STUDENT:
CONTACT TELEPHONE NUMBER:	

FAMILY BILLING ADDRESS:	
First & Second Parent/Guardian Details:	
No. & Street or PO Box:	State & Postcode:
Suburb:	

CHANGES IN STUDENT MEDICAL DETAILS:	
Does your child suffer from Asthma? YES / NO	If yes please complete Asthma Management Plan
Major Illness or impairment YES / NO	If yes please give details below.
Illness/impairment details –	
Symptoms:	Action required:

SIGNED : PARENT/GUARDIAN :	DATE:
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