

SECONDARY COLLEGE							
Cases No.	Entered		Date				
CHANGE OF STUDENT ENROLMENT DETAILS							
STUDENT DETAILS:							
SURNAME:	FIRST NAME:	MIDDLE NAME:			D.O.B.		
JOHN WILL	THOT WILL				5.0.5.		
INDEPENDENT STUDENT YES / NO							
ADDRESS:		POSTAL: (If different from residential address)					
LIONAL TELEPLIONE.							
HOME TELEPHONE:							
STUDENT CONTACT DETAILS:							
STUDENT HOME TELEPHONE:	STUDENT MOBILE:		STUDENT E-MAIL		:		
PRIMARY FAMILY DETAILS:							
FIRST PARENT/GUARDIAN DETAILS:	T FIRST NAME						
SURNAME:	FIRST NAME:						
RELATIONSHIP TO STUDENT: HOME TELEPHONE / MOBILE:	OCCUPATION: WORK TELEPHONE NUMBER:						
EMAIL:	WORK TELE	WORK TELEFTIONE NOWIDER.					
LIVIAIL.							
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:	DEL ATIONICI	DELATIONICHID TO CTUDENT.					
FULL NAME: CONTACT TELEPHONE NUMBER:	RELATIONSHIP TO STUDENT:						
CONTACT TELEPHONE NOWIBER.							
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	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:						