



STUDENT CHANGE OF ADDRESS/CONTACT DETAILS

Student Name: _____ **Year:** _____

Contact details for parents/carer with whom the student normally lives:

Name to be used for all correspondence (e.g. Mr & Mrs A Black, Ms A White)

Residential Address (e.g. 1 High Street Sydney 2000):

Correspondence Address (e.g. PO Box 123, Sydney 2000):

Phone Numbers:

Home Phone Number: _____ Student's Mobile: _____

Father's Mobile: _____ Father's Work: _____

Mother's Mobile: _____ Mother's Work: _____

Family Email Address: _____

Emergency Contact Details:

Contact Name 1 Relationship to Student Phone Number

Contact Name 2 Relationship to Student Phone Number

Other Parent (not living with student) Contact Details:

Relationship to Student: _____

Name: _____

Address: _____

Phone Numbers: Home _____ Mobile _____

Authorisation of Changes

Change to be authorised by parent/s currently receiving mail on behalf of student. If changing from one parent to another, both parent signatures are required. If student is seeking 'Independent' status they must make an appointment with the Principal.

Notification of Changes made by _____

Signature _____ Date: _____

Office Use Only:

	ERN	Library	NESA	Independent List
Operator				
Date				

To be filed in student file once all records have been amended.