



CURRENT STUDENT CHANGE OF DETAILS for 20__

Student _____ DOB _____

Parent 1 _____ 2 _____

What has changed since last year?

So that you do not have to complete the additional forms that all NEW parents have to complete, please indicate YES OR NO if any changes or additions need to be made.

MEDICAL / HEALTH - NO / YES
Do you need to make any changes to your son/daughters medical form?
If YES Please provide details below. New Medicare numbers, emergency contact, health / medical concerns / diet etc.

OTHER CHANGES - ARE THERE ANY OTHER CHANGES THAT WE SHOULD KNOW ABOUT? NO / YES
If YES Change of family circumstances / custody issues / student name changes etc.

Table with 4 columns: Name, Address, Telephone, Relationship. Header: STUDENT TRAVEL / VISITOR LIST - ADDITIONS / CHANGES NO / YES

Use of student images consent -

Do you still give your consent for the College to use your child's image for publicity purposes related to the work of the College, (Website, newsletters, newspaper / magazine articles, advertising and TV to print or display material.

YES / NO

YES, but not on / in

The information provided on this form is true and correct.

Parent / Guardian _____ Date _____

Please sign regardless of any changes being made or not.

Please note: If changes occur during the term, please inform the College in writing.

OFFICE only –

Changes amended Administration Signed

Changes amended on Student Files Signed

This form to be filed in Student Files