

# CONFIRMATION AND / OR CHANGE OF DETAILS

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**(CONFIDENTIAL)**

**DATE:** \_\_\_\_\_

Please complete and return to **“A” Block** reception for the Enrolment Officer to update student records  
 If you are adding a new parent / guardian please speak with our Enrolment Officer **“A” Block Reception**

STUDENT DETAILS		❖ If there is a change of name provide supporting legal documents	
FIRST NAME:	SURNAME:	HOME GROUP:	
FIRST NAME:	SURNAME:	HOME GROUP:	
FIRST NAME:	SURNAME:	HOME GROUP:	
PARENT / GUARDIAN: ADULT A		PARENT / GUARDIAN: ADULT B	
FIRST NAME:		FIRST NAME	
SURNAME:		SURNAME:	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RELATIONSHIP TO CHILD:		RELATIONSHIP TO CHILD:	
WORK TELEPHONE NO:		WORK TELEPHONE NO:	
HOME TELEPHONE NO:		HOME TELEPHONE NO:	
MOBILE NO:	SMS Notify <input type="checkbox"/> Yes <input type="checkbox"/> NO	MOBILE NO:	SMS Notify <input type="checkbox"/> Yes <input type="checkbox"/> NO
EMAIL ADDRESS:	Email Notify <input type="checkbox"/> Yes <input type="checkbox"/> NO	EMAIL ADDRESS:	Email Notify <input type="checkbox"/> Yes <input type="checkbox"/> NO
ADDRESS:		ADDRESS:	
<b>MAIN LANGUAGE SPOKEN AT HOME:</b>			
<b>ACCESS / ACTIVITY RESTRICTIONS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please provide most recent custody orders (if applicable)</i>			
EMERGENCY CONTACT 1		EMERGENCY CONTACT 2	
FIRST NAME:		FIRST NAME:	
SURNAME:		SURNAME:	
RELATIONSHIP TO CHILD: <i>(Neighbour, Relative, Friend or Other)</i>		RELATIONSHIP TO CHILD: <i>(Neighbour, Relative, Friend or Other)</i>	
WORK TELEPHONE NO:		WORK TELEPHONE NO:	
HOME TELEPHONE NO:		HOME TELEPHONE NO:	
MOBILE NO:		MOBILE NO:	
LANGUAGE SPOKEN:		LANGUAGE SPOKEN:	