

CHANGE OF STUDENT DETAILS



STUDENT'S NAME: HOME GROUP:

Indicate which details need to be changed: (tick more than one box if applicable)

- Mailing Details (to whom correspondence is addressed)
 Address (student's primary residential address)
 Contact Telephone Details
 Emergency Contact Telephone Details
 Other (specify)

ONLY COMPLETE THOSE SECTIONS WHERE THERE IS A CHANGE OF STUDENT DETAILS

MAILING DETAILS: (to whom correspondence is addressed)

General Correspondence (e.g. letters, reports, newsletters, notices etc.)

- Mr Mrs Mr & Mrs Ms Miss

Surname First Name

Address

Email

Relationship to student

(e.g. Parents/Mother/Father/Aunty/Uncle/Sister/Brother/Caregiver/Guardian/Foster Parents etc.)

Is this the student's primary residential address? YES NO

School Fee Accounts (specify only if different to 'General Correspondence')

Surname First Name

Address

ADDRESS: (student's primary residential address)

TELEPHONE CONTACT DETAILS:

Mother:	Home	Work	Mobile
Father:	Home	Work	Mobile
Guardian(1):	Home	Work	Mobile
Guardian(2):	Home	Work	Mobile

EMERGENCY CONTACT TELEPHONE DETAILS:

Name	Ph.	Relationship to student
Name	Ph.	Relationship to student
Name	Ph.	Relationship to student

I, , authorise these changes be made to the College records.

Signature Parent/Guardian 1: Signature Parent/Guardian 2:

Date Date

OFFICE USE ONLY (Initial and pass on. Completed forms to College Registrar for filing.)

MCC Revised 12/03/2014

FRONT OFFICE Date:	PA (D/PRINCIPAL) Date:	COLLEGE REGISTRAR Date:
-----------------------	---------------------------	----------------------------