



UPDATE OF STUDENT DETAILS FORM

CHANGE OF: FAMILY CIRCUMSTANCE ADDRESS PHONE NUMBERS EMERGENCY CONTACT

PARENT/S NAME (MR, MRS, MISS, MS) _____

STUDENT NAME _____ YEAR _____

HOME ADDRESS _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

MOBILE NUMBER TO RECEIVE ABSENCE NOTICES _____

HOME PHONE _____

MOTHER/CARER WORK PHONE _____ MOBILE _____

FATHER/CARER WORK PHONE _____ MOBILE _____

EMERGENCY CONTACTS (OTHER THAN MAIN PARENT/CARER)

1. NAME _____ RELATIONSHIP TO STUDENT _____

HOME PHONE _____ MOBILE _____

2. NAME _____ RELATIONSHIP TO STUDENT _____

HOME PHONE _____ MOBILE _____

CHANGES TO CUSTODY/CARE ARRANGEMENTS (IF APPLICABLE)

NB Letter must be attached by current guardians stating; as @ (date)(students name) will be residing with (name and address), all correspondence/communications should be addressed to....., I wish/do not wish to remain as an emergency contact, to receive or not any correspondence. ALL CURRENT GUARDIANS MUST SIGN.

OTHER CHANGES (IF APPLICABLE)

Parent/Carer 1
 SIGNATURE _____

Parent/Carer 2
 SIGNATURE _____

NAME _____

NAME _____

DATE _____

DATE _____

BROTHER(S) AND/OR SISTER(S) WHO ARE ATTENDING KADINA WHOM CHANGES AFFECT

STAFF SIGNATURE & DATE _____