

KATOOMBA HIGH SCHOOL – CHANGE OF STUDENT DETAILS

THIS FORM MUST BE COMPLETED BY THE ENROLLING PARENT/CARER

Please complete one form per student

Student Surname _____ Given Name _____
Date of Birth _____ Year _____
Name for Correspondence _____ PO Box _____
Address for Correspondence _____
Suburb/Town _____ P/Code _____
Home Phone _____ Email Address _____
Mothers Name _____ Mobile _____
Occupation _____
Fathers Name _____ Mobile _____
Occupation _____
1st Emergency Contact Name _____
Relationship to Student (*eg Neighbour, Uncle, Aunt*) _____
Daytime Phone _____ Mobile _____
2nd Emergency Contact Name _____
Relationship to Student (*eg Neighbour, Uncle, Aunt*) _____
Daytime Phone _____ Mobile _____
Medical Information _____

Other Parent not residing at the same address as the student Details

Title _____ Family Name _____ Given Name _____
Relationship to Student _____ Phone _____
Mobile _____
Details of Contact (*Supporting documents must be provided*) _____

Address for Correspondence _____
Suburb/Town _____ P/Code _____
Home Phone _____ Email Address _____
Parent signature _____

Name of Person completing this form _____
Signature _____ Date _____

**OFFICE
USE
ONLY**

Date Form Rec'd _____ Updated _____
Office Signature _____ Comments _____