



# NOTICE OF CHANGE OF STUDENT CONTACT INFORMATION

STUDENT/S FULL NAME	SCHOLASTIC YEAR

STUDENT/S RESIDENTIAL ADDRESS	
HOME PHONE NO.	

MAILING ADDRESS (if different to student residential address)

MOTHER / CARER CONTACT DETAILS			
NAME			
EMAIL ADDRESS			
MOBILE PHONE NO.		WORK PHONE NO.	

FATHER / CARER CONTACT DETAILS			
NAME			
EMAIL ADDRESS			
MOBILE PHONE NO.		WORK PHONE NO.	

PARENT NOT RESIDING WITH STUDENT			
NAME			
ADDRESS			
CAN BE CONTACTED IN EMERGENCY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
RECEIVES SCHOOL REPORT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

CHANGE OF EMERGENCY CONTACT (other than parent)			
NAME			
MOBILE PHONE NO.		HOME PHONE NO.	
WORK PHONE NO.		RELATIONSHIP (to student)	

CHANGE OF DETAILS NOTIFIED BY	
PARENT/CARER NAME	
PARENT/CARER SIGNATURE	
DATE	

OFFICE USE ONLY			
FACES JXXIII Updated		NESA (Years 9-12 only)	
FACES STM Updated			