



# CHANGE OF ADDRESS FOR STUDENTS

*(Do not use this form when the family details have changed)*

**Privacy and Personal Information Protection Act 1998**

*The personal information provided on this form is being obtained for the purpose of processing the student's information. It will be used by the Department of Education and Training for general student administration and communication and other matters relating to the education and welfare of the student. While the provision of this information is voluntary, if you do not provide all or any of this information it may delay or prevent the process of this application. This information will be stored securely. You may access or correct any personal information provided by contacting the school.*

**Student Name:** ..... **Year:** .....

**Mailing Details**

Parent/Guardian Name:

Mr/Mrs/Miss/Ms: .....

New Family Address: .....

..... Postcode: .....

Home Phone Number: .....

**Work Details**

Parent work number: (Father) ..... (Mother) .....

Mobile ..... Mobile .....

**Emergency Contact**

Name: .....

Name: .....

Phone: .....

Phone: .....

Mobile: .....

Mobile: .....

Relationship to student: .....

Relationship to student: .....

**Medical Details**

Does student have any allergies? .....

Medical problems? .....

.....

Parent/Guardian signature: ..... Date: .....

Update ERN \_\_\_\_\_  
Date \_\_\_\_\_