



EMERALD STATE HIGH SCHOOL

CHANGE OF DETAILS

Please complete this form to ensure the school has your correct contact details on file.

Student Name	Year Level
Address	
Student Mobile No.	Independent Student <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian 1

Name		
Relationship to Student		
Home Phone	Mobile	Work Phone
Occupation	Work Place	
Parent Address (if different to student)		
Email		

Parent/Guardian 2

Name		
Relationship to Student		
Home Phone	Mobile	Work Phone
Occupation	Work Place	
Parent Address (if different to student)		
Email		

Nominated parent/guardian to be invoiced and responsible for fees

Name	Signature
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Emergency Contact

Please Note: Parent 1 & 2 are automatic Emergency Contacts. Please do not enter parent details here if they are listed above.

Name		
Relationship to Student		
Home Phone	Mobile	Work Phone

Parent Signature	Office Use Only			
	Date Received	Init	Date Entered	Init

