



ALTERATIONS TO CONFIDENTIAL STUDENT INFORMATION

Student's Details

Student's Name: _____ Std No: _____ Form: _____ HG: _____
Student's Name: _____ Std No: _____ Form: _____ HG: _____
Student's Name: _____ Std No: _____ Form: _____ HG: _____

Home Details

Address: _____ Postcode: _____
Home Phone: _____ Mobile: _____
Email Address: _____

Parent/Guardian's Employment Details

Mother's Work: _____ Occupation: _____ Phone No: _____
Father's Work: _____ Occupation: _____ Phone No: _____

Category of employment A B

Change to Mother's/Guardian's Surname

Old Surname: _____ New Surname: _____

Emergency Information (other than parent/guardian)

Emergency Contact 1 – Name: _____ Relationship to Student: _____
Mobile Number: _____ Phone Number: _____
Emergency Contact 2 – Name: _____ Relationship to Student: _____
Mobile Number: _____ Phone Number: _____

Medical Information

Name/s of Disability or Illness: _____
Allergy/s: _____
Medication/s: _____
Doctor's Name: _____ Phone No: _____

DETAILS CHANGED BY: _____

Parent / Guardian / Student (Please circle)

DATE: _____

Office Use Only

Student Records Changed: _____ Date: _____
Creditor Info Changed: _____ Date: _____