

CHANGE TO CONTACT DETAILS



**KINROSS
COLLEGE**
Believe · Act · Achieve

STUDENT/S INFORMATION:

Surname: _____ First Name: _____ Tag: _____

Surname: _____ First Name: _____ Tag: _____

Please complete ONLY the details which have changed

Student/s Resides with: Parent/Guardian 1 Parent/Guardian 2 or Both

Parent/Guardian 1

Name: _____

Street: _____

Suburb: _____ Post code: _____

Mobile no: _____

Email: _____

Home no: _____ Work no: _____

Parent/Guardian 2

Name: _____

Street: _____

Suburb: _____ Post code: _____

Mobile no: _____

Email: _____

Home no: _____ Work no: _____

Other Emergency Contacts

Relationship to student: _____

Name: _____

Street: _____

Suburb: _____ Post code: _____

Mobile no: _____

Email: _____

Home no: _____ Work no: _____

Medical Details:

Doctors Name: _____

Medical Practice: _____

Medical Condition/s: _____

Medicare Card No: _____

Any other relevant information:

Parent/Guardian authorising these changes:

1 or 2

Please Print: _____ Signature: _____

Office Use Only

Received Date ____/____/____ Entered on Intergis on ____/____/____ By _____