

# CONTACT DETAILS UPDATE FORM

Please return updates to the Enrolment Officer: [kinross.college.enrolments@education.wa.edu.au](mailto:kinross.college.enrolments@education.wa.edu.au)

## STUDENT NAME/S

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ TAG: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ TAG: \_\_\_\_\_

*Please complete only those details which have changed below*

Student/s live with:      **Parent/Guardian 1**                      **Parent/Guardian 2**                      **or Both**

### Parent/Guardian 1

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email: \_\_\_\_\_

Home Tel. No. \_\_\_\_\_

Work Tel. No. \_\_\_\_\_

### Parent/Guardian 2

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email: \_\_\_\_\_

Home Tel. No. \_\_\_\_\_

Work Tel. No. \_\_\_\_\_

### Other Emergency Contacts

Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ PostCode: \_\_\_\_\_

Mobile Tel No. \_\_\_\_\_

Email: \_\_\_\_\_

Home Tel No. \_\_\_\_\_

Work Tel No. \_\_\_\_\_

### Medical Details:

Doctors Name: \_\_\_\_\_

Medical Practice: \_\_\_\_\_

Medical Condition/s \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medicare Card No. \_\_\_\_\_

### Any other relevant information:

\_\_\_\_\_

Parent/Guardian authorising these changes:      **PG1**                      **or**                      **PG2**

Please print name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Office use only:

Date received: \_\_\_/\_\_\_/\_\_\_      Date entered onto Integris: \_\_\_/\_\_\_/\_\_\_      By \_\_\_\_\_