

CHARLEVILLE STATE HIGH SCHOOL

CHANGE OF DETAILS

Student:

Name: _____

Year: _____ House: _____

Address: _____

Postal Address: _____

Parent/Guardian 1:

Name: _____

Workplace: _____ Work Phone Number: _____

Home Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

Parent/Guardian 2:

Name: _____

Workplace: _____ Work Phone Number: _____

Home Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

Emergency Contact 1: (OTHER THAN PARENT)

Name: _____

Relationship: _____ Home Phone Number: _____

Work Phone Number: _____ Mobile Phone Number: _____

Emergency Contact 2: (OTHER THAN PARENT)

Name: _____

Relationship: _____ Home Phone Number: _____

Work Phone Number: _____ Mobile Phone Number: _____

Parent/Guardian Signature:

_____ Date: ____/____/____