



CHANGE OF ADDRESS

NAME OF STUDENT: _____ FORM CLASS: _____

NEW ADDRESS

HOME: _____

MAIL: _____

PHONE NUMBER: _____

OTHER STUDENTS WITH SAME ADDRESS CHANGE – NAME & FORM (eg. Sister, Brother):

DO YOU STILL LIVE WITH PARENTS/GUARDIANS: YES / NO

IF YES – NAME OF PARENTS/GUARDIANS: _____

IF NO – WHO ARE YOU LIVING WITH YOU NOW (Name and Relationship to student):

DO YOU WISH TO CHANGE YOUR EMERGENCY CONTACTS: YES / NO

IF YOU WISH TO CHANGE YOUR CONTACTS PLEASE FILL OUT THE FOLLOWING:

CONTACT 1: _____

RELATIONSHIP: _____ PHONE: _____

Email. _____

CONTACT 2: _____

RELATIONSHIP: _____ PHONE: _____

Email. _____

CONTACT 3: _____

RELATIONSHIP: _____ PHONE: _____

Email. _____

Please answer all questions and fill out information fully – eg. use first and last names.

SIGNATURE : _____ **DATE:** _____
OF PARENT/GUARDIAN/CARER