



WHS Change of Details Form:

Date: _____

Student/s Name: _____

Parent/s who Student resides with: _____

Old Address: _____

Current Address: _____

Family Email Address: _____

Current Contact Parent/Carer 1: Name -----

Home: ----- Work: -----

Mobile: ----- Email: -----

Current Contact Parent/Carer 2: Name -----

Home: ----- Work: -----

Mobile: ----- Email: -----

Emergency Contacts:

Contact 1: -----

Number: -----

Relationship to Student: -----

Emergency Contacts:

Contact 2: -----

Number: -----

Relationship to Student: -----

Emergency Contacts:

Contact 3: -----

Number: -----

Relationship to Student: -----

Parent/Carer Signature: _____

Office Use

- ERN
- SENTRAL
- Messaging
- ENews