



WODONGA PRIMARY SCHOOL: CHANGE OF DETAILS FORM

STUDENT DETAILS:

| | | | |
|---|--|--|--|
| First Name: | | Surname: | |
| Does this change apply to all students in the family? | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE | |
| Siblings at this school: | | | |

IDENTIFY THE TYPE OF DETAILS TO BE CHANGED:

- Email Details Phone Details Change of Address Emergency Contacts
 Parents/Guardians Details (work/contact) Other _____

DETAILS TO BE CHANGED

| | | | |
|---------------|--|--------|--|
| New Address | | | |
| New Phone No: | | Email: | |

OTHER DETAILS I NEED TO CHANGE:

| |
|---|
| <input type="checkbox"/> Add/ <input type="checkbox"/> Replace / <input type="checkbox"/> Delete: |
| <input type="checkbox"/> Add/ <input type="checkbox"/> Replace / <input type="checkbox"/> Delete: |

I certify that the information contained within this form is correct.

Parent/Guardian Name: _____ Relationship to Student: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Thank you for taking the time to modify your child's details. We understand that the information you have provided is confidential and will be treated as such. These details are required to ensure Wodonga PS has the correct and up-to-date details at all times.



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