



Change of Family / Student Details

Please complete and return to studentservices@corpus.wa.edu.au

PERSONAL DETAILS:

Family Name:		
Student Name:		Year/House:
Does the change apply to siblings enrolled at the College?		
<input type="checkbox"/> Yes, all siblings <input type="checkbox"/> Yes, but only to the following siblings <input type="checkbox"/> No, change does not apply to other siblings		
Student Name:		Year/House:
Student Name:		Year/House:
Student Name:		Year/House:

CONTACT DETAILS:

Please indicate if both parents/guardians affected by change? Yes No

Student(s) lives with: Parent/Guardian 1 (Mother) Parent /Guardian 2 (Father) Both

Name of Parent/Guardian (1): (Mother)		
Previous Home Address:		
New Home Address:		
Home Phone:	(Previous)	(New)
Work Phone:		
Mobile Number:		
Email Address: (Previous)		
Email Address: (New)		

Name of Parent/Guardian (2): (Father)		
Previous Home Address:		
New Home Address:		
Home Phone:	(Previous)	(New)
Work Phone:		
Mobile Number:		
Email Address: (Previous)		
Email Address: (New)		



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Alternate Emergency Contacts: (Other than parents – only complete if change is required)		
Name:		
Relationship:		
Mobile Number:		<input type="checkbox"/> Rank 1 <input type="checkbox"/> Rank 2
Name:		
Relationship:		
Mobile Number:		<input type="checkbox"/> Rank 1 <input type="checkbox"/> Rank 2

Signature of Parent/Guardian: _____

Date of Change: _____

For Student Services Use Only:

AoS SEQTA MCB/Consent2Go