



## CHANGE OF INFORMATION FORM

Date of Changes: \_\_\_\_\_

Student Surname \_\_\_\_\_

Student Given Name \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother Mobile \_\_\_\_\_ Father Mobile \_\_\_\_\_

**Main Parents/ Carer 1** Carer whom the student normally resides (if shared custody please indicate custody & nominate Parent/ Carer 1 and Parent/ Carer 2)

Father/Carer Full Name \_\_\_\_\_

Address (or as above) \_\_\_\_\_

Email \_\_\_\_\_ Phone/ Mobile \_\_\_\_\_

Mother/Carer Full Name \_\_\_\_\_

Address (or as above) \_\_\_\_\_

Email \_\_\_\_\_ Phone/ Mobile \_\_\_\_\_

**Other Parent/Carer 2**

Father/Carer Full Name \_\_\_\_\_

Address (or as above) \_\_\_\_\_

Email \_\_\_\_\_ Phone/ Mobile \_\_\_\_\_

Mother/Carer Full Name \_\_\_\_\_

Address (or as above) \_\_\_\_\_

Email \_\_\_\_\_ Phone/ Mobile \_\_\_\_\_

1<sup>st</sup> Emergency Contact Name \_\_\_\_\_ Phone/ Mobile \_\_\_\_\_

1<sup>st</sup> Emergency Contact Relationship \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name \_\_\_\_\_ Phone/ Mobile \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Relationship \_\_\_\_\_

Medical Condition \_\_\_\_\_

If your child has a severe medical condition or is required to take prescribed medication please refer to relevant forms on the KHS Website or contact the school.

Father/Carer's Signature \_\_\_\_\_

Mother/Carer's Signature \_\_\_\_\_

