Liverpool Girls High School



Change of Details / Information

Please advise us if you have recently changed your family contact details or address. You will need to **provide 3 copies of proof** of student's residential address (e.g. council rates, residential lease, electricity accounts, etc). Change of student name or guardianship **requires proof** (e.g. court documents, official or legal notice etc.) **Must also provide a copy of the Medicare Card**.

STUDENT/S DETA	ILS:									
Student Name:						Roll:	1	Date o	of Birth:	
Student Name:						Roll:	Date o		of Birth:	
ANY BROTHERS OR SISTERS ENROLLED AT A NSW GOVERNMENT SCHOOL? ☐ YES / ☐ No										
If yes, which school? List Names / detials below									es / detials below	
Student Name:			Year:		Year:		□ M / □ F		ate of Birth:	
Student Name:			Ye		Year:		□M/□F		ate of Birth:	
CONTACT DETAILS:										
Parent / Caregiver (Mother)		Title: Name:								
		Email:								
		Work Phone:				Mok	Mobile Phone:			
Parent / Caregiver (Father)		Title: Name:								
		Email:								
		Work Phone:				Mok	Mobile Phone:			
Previous Address										
New Address:										
Home phone:		Old Number: New Number:								
Emergency Contact 1		Title: Name:								
		Relationship:								
		Work Phone:				Mobile Phone:				
Emergency Contact 2		Title: Name:								
		Relationship:								
		Work Phone:				Mobile Phone:				
SPECIAL CIRCUM		AND INFO	RMATION:							
Family Law Court C	Orders:									
Health Information:										
Other Information: (e.g. doctors	information	n, medical infor	mation	, parent name	change	e, etc.)			
SIGNATURE OF PERSON UPDATING INFORMATION										
Signature:			Name:				Relationship:			
							· · · · · · · · · · · · · · · · · · ·			
Office Used only EDN Undeted: Detection										
ERN Updated:			Signature:				Date:			
MESA HIDUSTON'		Signaturo:					Dato			



