

## MAYLANDS PENINSULA PRIMARY SCHOOL CHANGE OF STUDENT CONTACT INFORMATION

### STUDENT DETAILS

Please list all students at Maylands Peninsula Primary School these changes are applicable to:

Surname:	First Name:	Year:
Surname:	First Name:	Year:
Surname:	First Name:	Year:
Surname:	First Name:	Year:

### Parent/Caregiver Details - *(Please complete relevant changes only)*

	Parent/Caregiver 1:	Parent/Caregiver 2:
Family Name:		
Given Name:		
Relationship to Student:		
Mobile Number:		
Work Number:		
Email Address:		
Address:		
Suburb / Postcode:		
Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Emergency Contact Details – *(In addition to parent/caregiver)*

Emergency Contact		Emergency Contact	
Full Name:		Full Name:	
Home No:		Home No:	
Mobile No:		Mobile No:	
Relationship to Student:		Relationship to Student:	

Emergency Contact		Emergency Contact	
Full Name:		Full Name:	
Home No:		Home No:	
Mobile No:		Mobile No:	
Relationship to Student:		Relationship to Student:	

### Consent

**By signing this form, you are confirming that all information is true and correct.**

Parent / Caregiver Name: _____
Parent / Caregiver Signature: _____
Effective Date: _____

If you are completing this form online and are unable to sign this form, please check this box to confirm the above information is true and correct.