

BIRRONG GIRLS HIGH SCHOOL  
**CHANGE OF INFORMATION FORM**

Student Name	Student Mobile Phone No.	Date of Birth	Scholastic Year
<b>PARENT/CARER ADDRESS DURING TERM</b>			
*Please note that a parent who is not living with this student should complete details in <b>OTHER PARENT SECTION</b>			
<b>Name to be used for all correspondence: (eg Mr &amp; Mrs White, Ms Brown)</b>			
<b>Street Number/Street Name</b>			
<b>Suburb/Town</b>		<b>Postcode</b>	
<b>Home Telephone Number</b>		<b>Family email address</b>	
<b>Parent/Carer 1</b>		<b>Parent/Carer 2</b>	
Title:		Title:	
Family name:		Family name:	
Given name:		Given name:	
Mobile telephone number:		Mobile telephone number:	
Daytime telephone number:		Daytime telephone number:	
Relationship to student:		Relationship to student:	
<b>Other Parent Section</b>		<b>Other Parent Section</b>	
Title:		Title:	
Family name:		Family name:	
Given name:		Given name:	
Mobile telephone number:		Mobile telephone number:	
Daytime telephone number:		Daytime telephone number:	
Relationship to student:		Relationship to student:	
<b>Emergency contact 1</b>		<b>Emergency contact 2</b>	
Name:		Name:	
Home number:		Home number:	
Mobile:		Mobile:	
Relationship to student:		Relationship to student:	

<b>Office use only</b>			
ERN		Transport	
BOS (Years 10/11/12)		First Aid	

Signed: .....

Date: .....

Parent/Caregiver