## St Denis School



## **Advice of Family Changes**

Student(s) Surname							
Names of Student(s)		.(Yr)		(Yr)		(Yr )	
Plea	ase Complete S	Section 1 OR	Section 2 AN	ID Section	n 3		
Section 1: Change of Co	ntact Details (P	lease outline ch	anges below ie ac	ddress, telepi	hone or email)		
Section 2: Change of Far	mily Circumsta	nces					
1. Students Live With: Mother Fulltim		Father Fulltime ↓			Both Mother and Father		
Father Occasi		onally Mother Occasionally		Guardian	Guardian		
2. Are there any Court Orders in place?		No			Yes (if Yes please attach copies)		
3. Mother's Details (if applicable	le) Fath	er's Details (if a	applicable)	Guardi	an		
Name		Name			Name		
Address		Address			Address		
Email		Email			Email		
Home Phone		Home Phone			Home Phone		
Mobile	l			ļ			
4. Name of the person who we			-				
5. Emergency Contact Emergency Contact							
6. Parent to Receive School C	ommunication:	Mother	Father	Вс	oth Parents		
7. Billing Information:							
If applicable, person responsible for school fees:  Mother  Father  Both Parents							
		***If both pare	nts, the account wil	ll be split and	the addresses above w	vill be used	
I/we jointly and severally acc the duration of enrolment at S Finance Officer to make alter	St Denis School. Sh	y for payment of nould this at any	all fee accounts	issued pertai	ining to the student/s	s above for	
SECTION 3: Signed (Mothe	er/Female Guardian	)			Date /	/	
Signed (Fathe	r/Male Guardian)				Date /	/	
Ple	ase return the	form to ad	min@stdenis.v	wa. <u>edu.a</u>	u		
FOR OFFICE USE ONLY							
Date received A	dmin		nance Officer				
	11		11				
	(I	nitialled)	(4	Initialled	.)		