



**CONFIDENTIAL**



Government of South Australia

Department for Education

## CHANGE OF PERSONAL DETAILS

Student's Surname: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Name of Person completing form \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ /2020

<b>Change of address or email address:</b>	YES <input type="checkbox"/>  NO <input type="checkbox"/>	Old Address: ..... ..... New Address: ..... .....
<b>Change of phone number</b>	YES <input type="checkbox"/>  NO <input type="checkbox"/>	Home phone number ..... Mobile phone number ..... Work phone number .....
<b>Change of emergency contact:</b>	YES <input type="checkbox"/>  NO <input type="checkbox"/>	Name ..... Relationship with student ..... Home number ..... Mobile number ..... Work number .....
<b>Change to Court Orders</b>	YES <input type="checkbox"/>  NO <input type="checkbox"/>	<b>(Please supply a copy of new Court Order)</b>
<b>Change of other Parent/Guardian not residing at same address as student</b>	YES <input type="checkbox"/>  NO <input type="checkbox"/>	Name ..... Relationship with student ..... Address ..... Home number ..... Mobile number ..... Work number .....
(Office use only) EDSAS Updated	/ /2020	By whom: (Print name) .....