

CHANGE OF STUDENT INFORMATION	GLEN IRIS Primary School
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STUDENT'S NAME:			
Grade:		Teacher:	
↓ CHANGE / ADD / DELETE the following information ↓			
NEW Surname:		<i>Please provide copy of official documentation of name change for attachment to student's file.</i>	
NEW Address:			
NEW Home No:		NEW Work/ Mobile/s:	Mum:
		Dad:	
NEW Emergency Contacts:	1 st Emergency Contact Name ↗		Phone No. ↗
			Relationship to Student ↗
	2 nd Emergency Contact Name ↗		Phone No. ↗
			Relationship to Student ↗
Email address			
Any Custody Restrictions?		Yes / No (Please Circle)	
<i>If yes, the school requires a copy of the legal documentation for the student's file.</i>			

.....
Parent/Guardian Signature
(Please note that **both** Parents/Guardians must sign if there is a **change in the student's surname**)

.....
Parent/Guardian Signature

DATE:

Office Use:	CASES 21	CLASS TEACHER	EMERGENCY FOLDER	STUDENT FILE	FIRST AID
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