

UPDATE CONTACT DETAILS



Please ensure all relevant information is completed:

Student full name: _____ Year: _____

Student full name: _____ Year: _____

Student full name: _____ Year: _____

Full name of person completing form: _____

Relationship to student: _____

New email address: _____

New Address: _____

Postcode: _____

New Phone Number: _____

Parent / Guardian signature: _____ Date: _____

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

Notes: _____

OFFICE USE ONLY

Received by: _____

Date: _____

Entered by: _____

Date: _____

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2 Ovens Road, Thornlie WA 6108

08 6235 7900 - thornlie.shs@education.wa.edu.au

thornlieshs.wa.edu.au