



# Armidale Secondary College

## CHANGE OF STUDENT DETAILS

Student Name/s: ..... Yr: .....  
..... Yr: .....

Date change to take effect: .....

### New Details:

*(If there is a change of parent / guardian then other papers need to be completed – ask at office)*

Full name of parent/guardian: .....

Relationship to student: .....

Address: .....

Phone: (H): ..... Mobile Phone/s: .....

Phone: (Work).....

Email address: .....

Secondary email address: .....

Subscribe to newsletter:

School bus: *To be completed online by parent/guardian at [www.transportnsw.info/school-students](http://www.transportnsw.info/school-students)*

Emergency contact:

Name:.....Phone:.....

Name:.....Phone:.....

..... Date: .....

Signature of Parent / Guardian

ERN (office only)