

St Angela's Primary  
Castle Hill

**Change of Details Form**

(Please PRINT)

Please make the following changes to my child's/childrens records. Thank you

Child's Name: .....

Class: .....

Family Address

Family Mailing Title: .....

*(Title to be used for correspondence eg Mr & Mrs Smith)*

RMB / PO Box: .....

Street Number / Address: .....

Suburb / Town: ..... Post Code: .....

Home Telephone No: .....

Child resides with: Both Parents  Mother  Father  Guardian/s

Emergency Contact

Emergency Contact Name: .....

Telephone No: (h) ..... (w) .....

Relationship to family: .....

Mother / Guardian

Title: ..... Surname: .....

Given Names: .....

Occupation: .....

Telephone Nos: (h) ..... (w) ..... (mob) .....

Father / Guardian

Title: ..... Surname: .....

Given Names: .....

Occupation: .....

Telephone Nos: (h) ..... (w) ..... (mob) .....

**NB: If your child is leaving the school, would you kindly put in writing to the Principal the following details:  
Date of Leaving / Name of New School / New Address (if applicable)**

Parent / Guardian Signature: .....

Date: .....

**Office Use Only**

Copy given to classroom Teacher .....

eSchool updated .....

Emergency Contacts List updated .....

Emergency card updated .....