



Edenhope College

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Edenhope VIC 3318

We are ...
Respectful, Safe, Willing to learn.

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CHANGE OF STUDENT DETAILS

Today's date: ____ / ____ / ____

To be effective from: ____ / ____ / ____

Student's name: _____

Year level: _____

Student's name: _____

Year level: _____

Student's name: _____

Year level: _____

PRIMARY FAMILY

Parent / Guardian Name A: _____

Parent / Guardian Name B: _____

Previous Address: _____

_____ Previous Phone: _____

New Address: _____

_____ New Phone: _____

Mobile: _____ Work: _____

Email: _____

ALTERNATIVE FAMILY

Parent / Guardian Name A: _____

Parent / Guardian Name B: _____

Previous Address: _____

_____ Previous Phone: _____

New Address: _____

_____ New Phone: _____

Mobile: _____ Work: _____

Email: _____

EMERGENCY CONTACTS Are they to replace existing contacts? YES / NO OR Will they be added to existing? YES / NO

Name: _____ Phone: _____

Name: _____ Phone: _____

Other information: _____

AUTHORISED BY PARENT / GUARDIAN

Print Name: _____ Signature: _____

OFFICE USE ONLY: ☐ CASES 21 Processed by: _____ (initials)