



# Trinity College - Change of Details

(Please complete all sections)

Student Name/s: \_\_\_\_\_ Class: \_\_\_\_\_

Does this student/s attend Outside School Hours Care? Yes / No

Parent A Name: \_\_\_\_\_

Parent A Residential Address: \_\_\_\_\_

Parent A Postal Address: \_\_\_\_\_

Parent A Telephone Number/s: Home: \_\_\_\_\_

Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Parent B Name: \_\_\_\_\_

Parent B Residential Address: \_\_\_\_\_

Parent B Postal Address: \_\_\_\_\_

Parent B Telephone Number/s: Home: \_\_\_\_\_

Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

ALTERNATE CONTACT/S: (neighbour, grandparent, friend, etc.)

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

**Please Note: Change of Details forms can only be accepted when this form is signed below. If there are special circumstances, please contact the office on 6049 3400 or office@trinityac.nsw.edu.au**

Signed \_\_\_\_\_

Date Requested: \_\_\_\_\_

Office Use

Request processed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** The personal information provided in this form will only be used in relation to educational services, administration and accounting purposes. The information will not be disclosed unless it is allowed or required by law or we have obtained specific consent. If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the school and why, so that they can access the information if they wish and that the School does not usually disclose the information to third parties.