NEWMAN COLLEGE | A CATHOLIC SCHOOL EDUCATING IN THE MARIST TRADITION

Shine through Discovery
LET YOUR LIGHT SHINE
MATTHEW 5:16

Advice of Family Changes

Student(s) Surname ……

Names of Student(s) ……(Yr…..) ……(Yr…..) ……(Yr…..)

Please Complete Section 1 OR Section 2 AND Section 3

Section 1: Change of Contact Details *(Please outline changes below ie address, telephone or email)*

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Section 2: Change of Family Circumstances

1. Students Live With: ☐ Mother Fulltime ☐ Father Fulltime ☐ Both Mother and Father
↓ ↓
☐ Father Occasionally ☐ Mother Occasionally ☐ Guardian

2. Are there any Court Orders in place? ☐ No ☐ Yes (*if Yes please attach copies*)

3. Mother's Details (if applicable)	**Father's Details** (if applicable)	**Guardian**
Name……	Name……	Name……
Address ……	Address ……	Address ……
……	……	……
Email ……	Email ……	Email ……
……	……	……
Home Phone……	Home Phone……	Home Phone……
Mobile ……	Mobile ……	Mobile ……

4. Name of the person who would be the College's first contact during school hours……

5. Emergency Contact Name …… Mobile……Relationship to Student……

6. Parent to Receive College Communication: ☐ Mother ☐ Father ☐ Both Parents

7. Billing Information:
If applicable, person responsible for account: ☐ Mother ☐ Father ☐ Both Parents
If both parents, the account will be split and the addresses above will be used

I/we jointly and severally accept full responsibility for payment of all fee accounts issued pertaining to the student/s above for the duration of enrolment at Newman College. Should this at any time present a difficulty, I/we agree to contact the College Business Manager to make alternative arrangements.

SECTION 3: Signed (Mother/Female Guardian) …… Date …… / …… / ……

Signed (Father/Male Guardian) …… Date …… / …… / ……

FOR OFFICE USE ONLY

Principal	Registrar	Finance	Communications
…… / …… / …… *(Initialled ……..)*	…… / …… / …… *(Initialled ……..)*	…… / …… / …… *(Initialled ……..)*	…… / …… / …… *(Marian | Lavalla | Marcellin)*