



Student(s) Surname						
Names of Student(s)		(Yr)(Yr)				
	Please Comp	Please Complete Section 1 OR Section 2 AND Section 3				
Section 1: Change	e of Contact Deta	ails (Please outline	e changes below ie a	ddress, telepł	none or email)	
Section 2: Change	e of Family Circu	mstances				
1. Students Live With:	Mother Fulltim	E Father Fulltime Both Mother and Father				
Father Occasionally Mother Occasionally Guardian						
2. Are there any Court	t Orders in place?	No		] Yes ( <i>if Yes</i>	please attach copies)	
3. Mother's Details (if applicable)		Father's Details (if applicable)		Guardia	Guardian	
Name		Name		Name	Name	
Address		Address		Address	Address	
Email		Email		Email	Email	
Home Phone		Home Phone		Home Pl	Home Phone	
Mobile		Mobile		Mobile	Mobile	
4. Name of the persor	n who would be the (	College's first con	act during school l	nours		
5. Emergency Contac	t Name	Mobile		Relations	Relationship to Student	
6. Parent to Receive C	College Communicat	ion: Moth	er Father	Both	Parents	
7. Billing Information:	responsible for tuitior	n fees: Moth	er Father	Both	Parents	
	responsible for music				Both Parents	
		If bot	h parents, the account	will be split an	d the addresses above will be usea	
the duration of enrol		ege. Should this at			ing to the student/s above for agree to contact the College	
SECTION 3: Signe	ardian)	lian)		Date / /		
Signe	d (Father/Male Guard	ian)			Date / /	
	Plaze roturn	the form to re	nistrar@nowma	n wa odu a		
Please return the form to registrar@newman.wa.edu.au						
Principal Re		FOR OFFICE USE ONLY gistrar Finance		)	Communications	
		/				

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(Marian | Lavalla | Marcellin)