

# Advice of Family Changes Form

**Student(s) Surname** .....

**Student(s) First Name** .....(Yr.....) .....(Yr.....) .....(Yr.....)

## Change of Contact Details *(If applicable)*

**Parent/Guardian 1 Details** (if applicable)

**Parent/Guardian 2 Details** (if applicable)

**Step Parent** (if applicable)

**Name** .....

**Name** .....

**Name** .....

**Address** .....

**Address** .....

**Address** .....

.....

.....

.....

**Email** .....

**Email** .....

**Email** .....

.....

.....

.....

**Home Phone** .....

**Home Phone** .....

**Home Phone** .....

**Work Phone** .....

**Work Phone** .....

**Work Phone** .....

**Mobile** .....

**Mobile** .....

**Mobile** .....

**Emergency Contact Name** .....

**Emergency Contact Mobile** .....

**Relationship to student** .....

## Change of Family Circumstances *(If applicable)*

**Parents separated:**

☐ Yes

☐ No

**Student/s Live With:**

☐ Parent 1 Fulltime

☐ Parent 2 Fulltime

☐ Both Parent 1 and 2

☐ Parent 2 Occasionally

☐ Parent 1 Occasionally

☐ Guardian

**Are there Court Orders in place?**

☐ No

☐ Yes *(Please attach copies)*

**Receives Communication**

☐ Both Parent 1 and 2

☐ Parent 1 Only

☐ Parent 2 only

### School Fee and Billing

Both parents are jointly responsible for school fee accounts. Any change to billing and accounts will be considered on a case-by-case basis.

## CONFIRMATION OF UPDATES

By signing this form, I/we agree that all the information provided is current and accurate, and if applicable we authorise adding in a stepparent into our system to receive communication and contact from the College. 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.

Signed (Parent/Guardian 1) ..... Date ..... / ..... / .....

Signed (Parent/Guardian 2) ..... Date ..... / ..... / .....

**Please return the form to [flora.hughes@newman.wa.edu.au](mailto:flora.hughes@newman.wa.edu.au)**

### FOR OFFICE USE ONLY

Principal	Registrar	Finance	Student Data Administrator
..... / ..... / ..... (Initialled .....)	..... / ..... / ..... (Initialled .....)	..... / ..... / ..... (Initialled .....)	..... / ..... / ..... (Primary   Secondary)