Burwood Girls High School CHANGES TO STUDENT DETAILS

Entered by:
Date:

- Return this form to school **before** applying for a transport pass
- International students need a different form see Ms Zhao, Learning & Wellbeing Office

Student: Family name:	
Given name:	Year/Roll:
Date of birth:	Mobile no.(Students):
On	lly fill out sections below that have CHANGED
Please indicate if shared custody	y / living arrangements are in place. YES / NO (please circle)
Home phone number:	
	il address. This is essential for access to Parent Portal, reports and School us whenever this email changes. Please type or print clearly.
Primary family email:	
Parent/Carer 1 (living with stude	ent YES/NO): Name:
Home address:	
	Mobile:
Email:	Relationship to student:
Parent/Carer 2 (living with stude	ent YES/NO): Name:
Home address (if different to Par	rent/Carer 1)
Ph (H):	Mobile:
Email:	Relationship to student:
Emergency contacts (if we can	not contact a parent/carer)
Name 1:	
	Mobile:
Name 2:	
	Mobile:
Please sign and return form to fr	ont office in person or email <u>burwoodg-h.school@det.nsw.edu.au</u>
Signed Parent/Carer:	Date: