



I Shall Strive for the Best

DEPARTMENT OF EDUCATION

BONNYRIGG HIGH SCHOOL

Partially Selective and Local Enrolments

Principal: M N Bryce: BA (Hons), Dip Ed., MEd



NOTIFICATION OF CHANGE TO STUDENT DETAILS

Date: _____

Student Name: _____ Student Year: _____

(PLEASE ONLY FILL IN THE DETAILS THAT HAVE CHANGED)

FAMILY DETAILS

(PLEASE NOTE: Any change of address requires proof of residence. Accepted documents are council rates notice, lease agreement, electricity/water/telephone account. The Department of Education has ruled that a drivers licence is not an acceptable form of proof of address)

Home address:.....

.....

Name for correspondence:.....

Address for correspondence:.....

.....

Home telephone number:

Mother/Carer mobile number: Mother/Carer work number:

Father/Carer mobile number: Father/Carer work number:.....

Best family email address:

Other changed details:.....

.....

EMERGENCY CONTACT *(Add or amend an Emergency Contact)*

Name:.....

Daytime telephone number: Mobile telephone number:

Relationship to family:.....

Remove an Emergency Contact:

Name:.....

Parent/carer Name:.....

Parent/carer Signature..... **Date**.....

OFFICE USE ONLY	
Date changed:	Signed:
I.D. Document:	



Education

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