



Ashfield Boys High School

CHANGE OF ADDRESS FOR STUDENT

PLEASE RETURN TO THE ADMINISTRATION OFFICE (as of 14 March 2019)

Student Name:		Class:		Date:	
PARENT/GUARDIAN PLEASE FILL OUT BELOW:					
Name of Parent/Guardian:					
Address of Parent/Guardian:					
.....				Postcode:	
Parent/Guardian's Home phone number:			Mobile:		
Parent/Guardian signature:			Date:		
DAD's / or Male guardian's name:					
Work number:		Mobile:		Email:	
MUM's / or Female guardian's name:					
Work number:		Mobile:		Email:	
Emergency contact 1 name:			Phone:		
Relationship to Student :			Mobile:		
Emergency contact 2 name:			Phone:		
Relationship to Student :			Mobile:		
<i>Does student live with his parent/guardian?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>					
<i>Is the student over 18 years of age?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>					
If student DOES NOT LIVE with his parent/guardian, please give details of STUDENT'S ADDRESS:					
Student's address:					
.....				Postcode:	
Student's Phone:			Mobile:		
Office use only:					
<input type="checkbox"/> Copy given to NESAs (for Years 10, 11 and 12 only)			<input type="checkbox"/> Noted on ERN		
			Date:		

You are required to PROVIDE EVIDENCE OF ADDRESS
eg Gas, electricity account, council rates notice or rental agreement
Thank you