



St Michael's Primary School

CHANGE OF CONTACT DETAILS FORM

Please fill in your child's/children's names, the change that has been made, sign and return to the school office.

Child's name Class.....

Child's name Class.....

Child's name Class.....

Child's name Class.....

Family Mailing Title

(Title to be used for correspondence eg Mr & Mrs Smith)

Street number / Address

Suburb/ Town Postcode.....

Home telephone no:.....

Father / Guardian

Title..... Surname Given Name

Telephone nos: Mobile Work.....

Email Address

Mother / Guardian

Title..... Surname Given Name

Telephone nos: Mobile Work.....

Email Address

Emergency contact 1: Grandparent / Aunt / Uncle / Family friend / Other:

Title..... Surname Given Name

Telephone nos: Mobile Work.....

Do you authorise this emergency contact to pick up your child in an emergency if we are unable to reach you? Yes No

Parent/Guardian Signature Date

Emergency contact 2: Grandparent / Aunt / Uncle / Family friend / Other:

Title..... Surname Given Name

Telephone nos: Mobile Work.....

Do you authorise this emergency contact to pick up your child in an emergency if we are unable to reach you? Yes No

Parent/Guardian Signature Date