

CHANGE OF CONTACT DETAILS1. PERSONAL DETAILS (PLEASE complete any changes)



Child's Name:	Year:	Room No:
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Address:

Phone Number:

Parent 1: Change of details:
 Name:
 Address:

Telephone: – Mobile	Work Phone(if convenient)	Other:
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Parent 2: Change of details:
 Name:
 Address:

Telephone: – Mobile	Work Phone(if convenient)	Other:
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Are there siblings currently attending this school? YES NO

Names and year levels:

Any other changes:

I declare that the information provided on this form is true. Please save and send via email to: secretharbour.ps@education.wa.edu.au

Signature of parent/guardian

Date