



## Request for Change of Details

AICS/IMS/STD/F/RCD.00

It is the duty of Parent(s) and/or caregiver(s) to notify the school about any change in their information, registered with the school by filling and submitting this form to School Administration Office.

Applicant Name: _____ Applicant Date of Birth: _____	
<b>Enrolled student(s) name:</b>	
<b>What will you be changing?</b>	
A. Student name B. Parent/Caregiver name C. Contact Details D. Fee payer details	E. Emergency contact details F. Authorised person to pickup student (during school hours) G. Others (pl. specify) _____
<b>A. Change of student name</b> (Change of name certificate must be provided) Previous name: _____ New legal name: _____	
<b>B. Change of Parent/Caregiver Name</b> (Change of name certificate must be provided) Previous name: _____ New legal name: _____	
<b>C. Change of Contact Details</b> <b>i. Address/Email address.</b> <input type="radio"/> Is this the residential address of the student enrolled at AICS? <b>Yes / NO</b> <input type="radio"/> Is this the correspondance address? Or Email Address <b>Yes / NO</b> <input type="radio"/> Is this the address/ Email address of a parent Not living with student? <b>Yes / No</b> Address: _____ Suburb: _____ Postcode: _____ <b>ii. Mobile / Land line</b> Current number: _____ New number: _____ <b>iii. Email Address</b> Current email: _____ New email: _____	
<b>D. Change of Fee Payer</b> Current fee payer name: _____ Relation: Mother/ Father/ Caregiver New fee payer name: _____ Relation: Mother/ Father/ Caregiver Reason for change: _____ Signature of current fee payer: _____ Signature of new fee payer: _____	
<b>E. Emergency Contact Details</b> <b>Preference 1</b> First Name : _____ Last Name: _____ Relationship to student: _____ Contact Number: _____ Address: _____	<b>Preference 2</b> First Name : _____ Last Name: _____ Relationship to student: _____ Contact Number: _____ Address: _____
<b>F. Change of authorised person to pick up the student</b> First Name: _____ Last Name: _____ Relationship to student: _____ Contact Number: _____ Address: _____	
<b>G. Other Change(s) – Pl. specify here</b>	

Applicant[Parent(s) and/or caregiver(s)]'s signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Administration Office Use Only

Application received by (name and date): \_\_\_\_\_ Actioned by (name and date): \_\_\_\_\_

Comments: \_\_\_\_\_