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St Norbert College







Update of Family Information

Student(s) Surname	
Name of Student(s) (Yr)	(Yr)
Please comple	ete ALL SECTIONS
SECTION 1 Change of Details (Please tick what changes are being made) Address Telephone Email Finance Email	
SECTION 2 Change of Family Circumstances	
1. Student Lives With: Mother Fulltime Father Fulltime Both Mother and Father Fulltime Guardian Fulltime Guardian Fulltime Guardian Fulltime Guardian Fulltime Father Never Guardian Fulltime Father & Guardian Fulltime 2. Are there any Court Orders in Place? No Yes (if Yes, please attach copies)	
3. Mother/Guardian Details (delete as applicable)	Father/Guardian Details (delete as applicable)
Name	Name
Current Address	Current Address
New Address	New Address
Email	Email
Mobile Phone	Mobile Phone
Work Phone	Work Phone
4. Name of the person who would be the College's first contact during school hours	
5. Emergency Contact Name	
7. Email for Finance Statement	
SECTION 3 Signed: (Mother/Guardian)	/
Signed: (Father/Guardian)	Date/
FOR OFFICE USE ONLY	
Admin Assistant to Deputy Principals	
□ MAZE □ SEQTA □ MCB □ EDVAL Daily □ EDVAL Timetable Date	