



Geraldton Residential College Current Student Change of Details for 2024

Student Name: _____ DOB: _____

Parent #1: _____ #2 _____

What has changed since last year?

So that you do not have to complete the additional forms that all **NEW** parents have to complete, please indicate **YES OR NO** if any changes or additions need to be made.

MEDICAL / HEALTH Do you need to make any changes to your son/daughters medical form?	YES / NO

OTHER CHANGES – Are there any other changes that the College should be aware off	YES / NO
If YES: <i>Change of family circumstances / custody issues / student name changes etc:</i>	

STUDENT TRAVEL / VISITOR LIST – Additions / Changes				YES / NO
Name	Address	Telephone	Relationship	

The information provided on this form is true and correct

Parent/Guardian: _____ **Date:** _____

Please sign regardless of any changes being made or not.

Please Note: If changes occur during the term, please inform the College in writing.

Office Use Only:

Changes amended by:

Name: _____ **Date:** _____

Changes amended on student files by:

Name: _____ **Date:** _____

***** This form to be filed in student file**