



Trinity College - Change of Details

(Please complete all sections)

Student Name/s: _____ Class: _____

Does this student/s attend Outside School Hours Care? Yes / No

Parent A Name: _____

Parent A Residential Address: _____

Parent A Postal Address: _____

Parent A Telephone Number/s: Home: _____

Business: _____ Mobile: _____

Email: _____

Parent B Name: _____

Parent B Residential Address: _____

Parent B Postal Address: _____

Parent B Telephone Number/s: Home: _____

Business: _____ Mobile: _____

Email: _____

Billing Address: _____

ALTERNATE CONTACT/S: (neighbour, grandparent, friend, etc.)

NAME	RELATIONSHIP	PHONE
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Please Note: Change of Details forms can only be accepted when this form is signed below. If there are special circumstances, please contact the office on 6049 3400 or office@trinityac.nsw.edu.au

Signed _____

Date Requested: _____

Office Use

Request processed by: _____ Date: _____

Please Note: The personal information provided in this form will only be used in relation to educational services, administration and accounting purposes. The information will not be disclosed unless it is allowed or required by law or we have obtained specific consent. If you provide the school with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the school and why, so that they can access the information if they wish and that the School does not usually disclose the information to third parties.