



# Bonbeach Primary School

29 - 63 Breeze Street, Bonbeach, 3196.

School No. 4798

Tel: (03) 9772 3471

Fax: (03) 9776 1517

Principal: Ken Jones

Email: [bonbeach.ps@edumail.vic.gov.au](mailto:bonbeach.ps@edumail.vic.gov.au)

Website: <http://www.bonbeachps.vic.gov.au>

## CHANGE OF DETAILS FORM

DATE: \_\_\_\_\_

CHILD/REN SURNAME NAME: \_\_\_\_\_

CHILD/REN FIRST NAMES: \_\_\_\_\_

GRADE/S: \_\_\_\_\_

NEW HOME PHONE: \_\_\_\_\_

NEW EMAIL: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

MOTHER'S WORK DETAILS: NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOBILE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

FATHER'S WORK DETAILS: NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOBILE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMERGENCY CONTACT #1 NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMERGENCY CONTACT #2 NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ MOBILE: \_\_\_\_\_

SIGNED PARENT/GUARDIAN: \_\_\_\_\_

LIVING ARRANGEMENTS: (Please circle)    AT HOME BOTH PARENTS    AT HOME ONE PARENT

(Please ask for Alternative Family form)

CUSTODY RESTRICTIONS: (YES/NO) \_\_\_\_\_ DETAILS: \_\_\_\_\_

NB: (If YES - Please Supply Court Orders)

**Please list  
Emergency  
contacts  
OTHER  
THAN  
PARENTS**