

# Eastwood Heights Public School

Lincoln Street  
Eastwood 2122  
Phone: 9876 4732  
Fax: 9876 8945  
Email: eastwoodht-p.school@det.nsw.edu.au  
Web: www.eastwoodht-p.schools.nsw.edu.au

## NOTIFICATION OF CHANGES TO STUDENT DETAILS

Please notify the office of any changes to student or family details. These changes could include phone numbers, addresses or emergency contacts. Please indicate changes on the form below and return to the office in an envelope marked with your child's name.

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Students Name: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please indicate what is changing from the list below:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Address                | <input type="checkbox"/> Phone Home               | <input type="checkbox"/> Phone Mobile      |
| <input type="checkbox"/> Email Address          | <input type="checkbox"/> Phone Work               | <input type="checkbox"/> Emergency Contact |
| <input type="checkbox"/> Parenting Arrangements | <input type="checkbox"/> Students Medical Details |  |
| <input type="checkbox"/> Other _____            |   |  |
- 

### FAMILY DETAILS:

NAME: \_\_\_\_\_

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

PHONE (HOME): \_\_\_\_\_

PHONE (WORK): \_\_\_\_\_ (MOTHER) \_\_\_\_\_ (FATHER)

MOBILE: \_\_\_\_\_ (MOTHER) \_\_\_\_\_ (FATHER)

EMAIL: \_\_\_\_\_ (MOTHER) \_\_\_\_\_ (FATHER)

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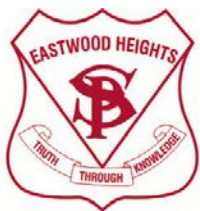
### PARENT NOT RESIDING AT HOME:

PARENTS NAME: \_\_\_\_\_ (MOTHER/FATHER) PLEASE CIRCLE

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

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ WORK: \_\_\_\_\_

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



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**EMERGENCY CONTACTS:**

CONTACT ONE: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

CONTACT TWO: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

**STUDENT MEDICAL DETAILS:**

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**OTHER:**

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