

STUDENT DETAILS AND CHANGES

*REQUIRED FIELDS

STUDENT DETAILS

*Student Number

*Student Full Name

PLEASE TICK (✓) DETAILS THAT NEED CHANGING/UPDATING

<input type="checkbox"/>	Surname	<input type="checkbox"/>	Personal Email Address
<input type="checkbox"/>	Given name/s	<input type="checkbox"/>	Personal Contact Number
<input type="checkbox"/>	Residential Address	<input type="checkbox"/>	Work Contact Number
<input type="checkbox"/>	Term Address	<input type="checkbox"/>	Emergency Contact
<input type="checkbox"/>	Postal Address	<input type="checkbox"/>	Alternative Emergency Contact

DETAILS OF CHANGES

CORRESPONDENCE

Should we need to contact you for further information, please provide us with your contact details (see below)

Phone

Email

DECLARATION

I declare that the information I have provided in this form is, to the best of my knowledge, correct and complete in every detail.

*Student's Signature

*Full Name

*Date

PLEASE RETURN THE COMPLETED FORM BY:
Submitting it in person to Reception (Mon to Friday, 9am to 4pm);
Emailing it to: info@campion.edu.au; OR
Posting it to: Student Administration Office,
Campion College Australia, **PO Box 3052, Toongabbie East NSW 2146**