



# Dargaville High School

## CHANGE OF STUDENT DETAILS FORM

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_

New Physical Address \_\_\_\_\_

Post Code: \_\_\_\_\_

New Postal Address \_\_\_\_\_

### Caregiver Details:

Caregiver 1 Name: \_\_\_\_\_

Contact Cell phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact Work Number: \_\_\_\_\_ Email: \_\_\_\_\_

Caregiver 2 Name: \_\_\_\_\_

Contact Cell phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact Work Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact - Must be able to be contacted during the school day

Emergency Contact Name: \_\_\_\_\_

Contact Cell phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact Work Number: \_\_\_\_\_ Email: \_\_\_\_\_

I agree to pay all school fees including any debt recovery fees incurred by unpaid debts.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Any other details to be corrected (Medical, Court Documents etc.)

\_\_\_\_\_

\_\_\_\_\_

Please return this form along with any supporting documents to Alana Scott, Privacy Officer – [ascott@darghigh.school.nz](mailto:ascott@darghigh.school.nz) or return to the school office. Once this form has been completed the changes can be actioned.

### Office Use:

Date: \_\_\_\_\_ Changes Actioned: \_\_\_\_\_

Person Completed: \_\_\_\_\_