



KALAMUNDA SENIOR HIGH SCHOOL

CHANGE OF FAMILY/STUDENT DETAILS

Student Surname: _____ Given Name: _____ Year: _____

NEW ADDRESS:

Residential Address: _____

Suburb: _____ Post Code: _____

Phone (H): _____ (W): _____ (M): _____

Postal Address (if different to above): _____

Please tick the applicable box/es to indicate parent/s or guardian/s affected by change:

Mother/Guardian 1 Surname: _____ Given Name: _____

Email Address (if changed): _____

Father/Guardian 2 Surname: _____ Given Name: _____

Email Address (if changed): _____

Does this change apply to siblings enrolled at this school?

Yes, all siblings

Yes, but only to the following siblings:

Student Surname: _____ Given Name: _____ Year: _____

Student Surname: _____ Given Name: _____ Year: _____

Student Surname: _____ Given Name: _____ Year: _____

The change **does not** apply to other siblings at Kalamunda SHS

Don't have an email address?

Enter this link to set up your own Gmail account - <https://support.google.com/mail/answer/56256?hl=en>

Signature of Parent/Guardian: _____

Date of change: _____

Completed forms should be returned to the administration office or emailed to:

Kalamunda.shs@education.wa.edu.au