



Our Lady of the Sacred Heart Catholic College

CHANGE OF DETAILS FORM

FAMILY NAME: _____

DATE: _____

STUDENT NAME(S): 1. _____

2. _____

3. _____

4. _____

ITEM TO BE CHANGED:

☐ Residential Address

☐ Postal Address

☐ Home Telephone

☐ Father's Details

☐ Mother's Details

☐ Emergency Contact

☐ Work Details

Mother / Father / Guardian

☐ Current Place of Work

NEW DETAILS:

SIGNATURE: _____

Office Use Only

Database Entry _____ Finance _____ CBASS _____

Office Bath _____ Office Traeger _____ Office Sadadeen _____

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Telephone 08 89506400

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