



ST MARYS SOUTH PUBLIC SCHOOL

INNOVATE CREATE COLLABORATE COMMUNICATE THINK CRITICALLY

CHANGE OF STUDENT INFORMATION

(To be returned to Front Office)

STUDENT

Name: _____ Class: _____

Address: _____

Medical Conditions: _____

MOTHER/GUARDIAN

FATHER/GUARDIAN

Name: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

EMERGENCY CONTACT 1

EMERGENCY CONTACT 2

Name: _____

Home No: _____

Mobile No: _____

Relationship to student: _____

Date received :