

## **Glebe Primary School Change of Information Form**

In order for us to keep accurate records, please would you complete this form and sign it with any change of circumstance within your family unit.

I wish to register the following information for my child

(Name).....( class).....from .....(date)

<b>New Address</b>	
<b>Change of Home phone number</b>	
<b>Change of email</b>	
<b>Change of Mobile phone number</b>	
<b>Change of Work phone number including any extension number</b>	
<b>Change of Name</b>	
<b>Change of any Medical Conditions</b>	
<b>Change of Doctor</b>	
<b>Any other change of information that will enable us to understand the needs of your child's welfare during the school day</b>	

Please sign and date this form and return it to the School Office.

Signed.....

Print Name.....Date.....

**For Office Use Only**

SIMS                      Date .....                      Signed .....

