

RHHS STUDENT RECORD AMENDMENT

FORM MUST BE SIGNED AND DATED BY ENROLLING CARER

DATE:

STUDENT NAME:

YEAR:

***** PLEASE COMPLETE ONLY THE INFORMATION YOU WISH TO BE AMENDED FOR THIS STUDENT *****

**NEW
HOME ADDRESS:**

Postcode:

HOME TELEPHONE:

FAMILY EMAIL ADDRESS:

PARENT/CARER 1 MOBILE:

PARENT/CARER 1 WK PHONE:

PARENT/CARER 2 MOBILE:

PARENT/CARER 2 WK PHONE:

***** EMERGENCY CONTACT ** PLEASE DO NOT DUPLICATE ABOVE INFO**

**EMERGENCY CONTACT 1:
NAME AND PHONE NO:**

Relationship to Student:

**EMERGENCY CONTACT 2:
NAME AND PHONE NO:**

Relationship to Student:

I authorise this amendment to student records. Must be an enrolling parent / carer

Full Name:

**Parent/Caregiver
Signature:**

OFFICE USE ONLY

Entered - ERN: / / Operator:

PLEASE SCAN THIS AMENDEMENT TO STUDENT'S RECORDS IN T DRIVE