

# 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 AMENDMENT TO STUDENT'S RECORDS IN T DRIVE*