

STUDENT CONTACTDETAIL FORM

IMPORTANT INFORMATION:

- It is the student visa requirement to inform the college of your residential address and phone number and of any subsequent changes to those details within 7 days.
- Student information may be provided to DIBP and other state/territory government agencies.

STUDENT DETAILS:

| First Name: | Family Name: | |
|-----------------|----------------|-----|
| Student ID: | Date of Birth: | / / |
| Contact Number: | E-mail: | |
| Address: | | |
| Course: | Course Start: | / / |

EMERGENCY CONTACT DETAIL:

| Emergency Contact Name: | Relationship: | |
|----------------------------|---------------|--|
| Contact Number: | E-mail: | |

STUDENT DECLARATION / CONSENT:

I declare that all the information I have given above is correct and complete.

| Student Signature: | Date: | // | |
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| OFFICE USE ONLY | | | | | | |
|-----------------|-------|------|------------|---|---|--|
| Record Updated: | O Yes | O No | Date: | / | / | |
| Updated by: | | | Signature: | | | |