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# Change of Personal Details for Parents/Carers

Student Name	Date of Birth	Year	Tutor Group

Brothers/Sisters (at Trinity College)	Date of Birth	Year	Tutor Group

New Address		Old Address	
Residential		Residential	
Postal		Postal	

New Details			
Father		Mother	
Home No.		Home No:	
Work No.		Work No:	
Mobile No.		Mobile No:	
Email:		Email:	
Residential Address:		Residential Address:	

Date: ...../...../.....

Signed: .....

Office Use Only	
Data Check <input type="checkbox"/>	Bus Check <input type="checkbox"/>

**Print Name:** .....

**Relationship to Student:**

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*Please Turn Over and complete the back of this form if you wish to provide more information*

If you wish to provide more information, please do so here:

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*Please complete and scan your signed form to:*

*[jdwyer@trinitylismore.nsw.edu.au](mailto:jdwyer@trinitylismore.nsw.edu.au) or hand deliver / post it to:*

*Mrs J Dwyer*

*Trinity Catholic College,*

*1 Dawson Street, Lismore NSW 2480*