

Office Use Only Date Received _____/_____/_____ Received by _____	<h1 style="margin: 0;">CHANGE TO PERSONAL DETAILS</h1>	
---	--	--

Use this form to inform Christian Heritage College of changes to the **personal details** recorded on your official CHC enrolment profile.

Please complete Sections A-C as appropriate. All students are to complete Section D.

Please return the completed form to the CHC Reception. The date of change is the date on which this form is received by CHC.

PERSONAL DETAILS

Name: Title (Dr/Mr/Mrs/Ms/Miss/etc): Family Name: Given Names: Preferred Given Name: Are you a domestic student or an overseas student? <input type="checkbox"/> Domestic <input type="checkbox"/> Overseas - You must consult the CHC Registrar's Office if you wish to change your enrolment status.	Course Details: Course Code: Course Name: Student Number:
--	---

SECTION A: CHANGE OF NAME

Change of Name:

Reason for change of name: (Please attach certified copies of documentation giving evidence of the change eg marriage certificate, deed poll declaration)

.....

.....

SECTION B: CHANGE OF CONTACT DETAILS

Please provide your changed contact details in the appropriate sections below. If you leave any sections blank, it will be assumed that the information already recorded has not changed. If you are an Overseas student, you must maintain an overseas home address.

Permanent Home Address:

Street:	Phone: Day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Suburb:	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
State: Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Country:	

Term Address: (If the same as your Permanent Home Address, please write 'AS ABOVE')

Street:	Phone: Day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Suburb:	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
State: Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Preferred Mailing Address:

- Permanent Home Address
- Term Address
- Other - Please specify:

Street:

Suburb:

State: Postcode:

Country:

Phone: Day

Mobile

Email (mandatory):

SECTION C: CHANGE OF CITIZENSHIP/RESIDENCY STATUS

Change of Citizenship/Residency status:

Please attach certified copies of your citizenship papers or new visa.

SECTION D: DECLARATION

Please read the following statement, then sign and date the form before returning it to the CHC Reception.

I declare that the information provided on this form is, to the best of my knowledge, correct and complete in every detail.

Signature: Date: / /

OFFICE USE ONLY	1. RECEPTION	Initials	Date / /	3. REGISTRAR	Initials	Date / /
	2. STUDENT ADMIN	Entered	<input type="checkbox"/> Filemaker	<input type="checkbox"/> HEIMS		
		Initials	Date / /			