ENROLMENT FORM VARIATION / CHANGE OF FAMILY DETAILS

This form grants authority for a variation to your existing enrolment for the current or prospective students listed below. **IMPORTANT: Where possible, this form must be signed by *both parties* listed on the current Enrolment Form or a separate signed form received from each parties listed.**

Please contact Administration for any questions regarding this form on 08 9290 5200 or email admin@mmps.wa.edu.au

CAREGIVER 1 - AMENDED DETAILS OF PARENT/CAREGIVER 1		
Family Name	First Name	Title
Address		
Address		Postcode
Relationship to Student(s)		
Email		Mobile
Employer	Occupation	Business Phone

CAREGIVER 2 - AMENDED DETAILS OF PARENT/CAREGIVER 2/ALTERNATE FAMILY		
Family Name	First Name	Title
Address		
Address		Postcode
Relationship to Student(s)		
Email		Mobile
Employer	Occupation	Business Phone

DETAILS OF STUDENT(S) ATTENDING/PROSPECTIVE MARY'S MOUNT PRIMARY SCHOOL		
Family Name	First Name	Year
Family Name	First Name	Year
Family Name	First Name	Year
Family Name	First Name	Year

AMENDED EMERGENCY CONTACT DETAILS		
EMERGENCY CONTACT 1 Full Name	Relationship to Student	
Home Phone Number	Work Phone Number	Mobile Phone Number
EMERGENCY CONTACT 2 Full Name	Relationship to Student	
Home Phone Number	Work Phone Number	Mobile Phone Number

CHANGES TO CUSTODY / GUARDIANSHIP / ACCESS RESTRICTION DETAILS (If applicable)

Child/ren now reside with:

Caregiver 1 and Caregiver 2	YES	☐
Caregiver 1 Only	YES	☐
Caregiver 2 Only	YES	☐
Other Guardian (please detail)	YES	☐

Please Detail: *(effective date, specific arrangements / restrictions etc)*

Amended Custody or Access Restrictions apply from (insert date) _____

Name of person(s) with legal guardianship of the student(s) _____

Is there a Parenting or Restraining Order? YES NO *(If YES, please provide a copy)*

BILLING COMMUNICATION – This relates to *who* we contact in relation to billing matters.
Note: MMPS does not facilitate split billing.

Billing communication is automatically issued to both caregivers. If custody or access arrangements require an alternative approach, please indicate the necessary changes below:

Billing Communication (Email and phone) to be sent to: (Please tick)

CAREGIVER 1 ☐
CAREGIVER 2 ☐

DECLARATION: ADMISSION FORM VARIATION

I/We give Mary's Mount Primary School authority to vary the existing Admission Form.

I/We declare that I/we have the authority to request a variation to the Admission Form and/or changes to the enrolment record as detailed above, and that the information provided is accurate and true.

_____ _____

Parent / Caregiver 1 Full Name **Parent / Caregiver 2 Full Name**

_____ _____

Parent / Caregiver 1 Signature **Parent / Caregiver 2 Signature**

Date: _____ **Date:** _____

OFFICE USE ONLY

Date Received:	**Date Processed in AOS:**	**Date Reply Sent:**
Principal's Authorisation:		**Date:**