



Student Change of Details Form

Student Name: _____

Student ID Number: _____

Tick Information Changed:

- | | |
|---|------------------------------------|
| <input type="radio"/> Address | <input type="radio"/> Email |
| <input type="radio"/> Home Phone | <input type="radio"/> Mobile Phone |
| <input type="radio"/> Other (Please Specify): | |

Provide New Information:

Change is Effective (Date): _____

Student Signature: _____

Date: _____

Please lodge this form immediately with Administration.

Please Note: Personal Details: student information may be made available to Commonwealth and State agencies and as required under the ESOS Act 2000 and the National Code of Practice for providers of Education and Training to Overseas Students.

THE EARLY CHILDHOOD LEARNING COMPANY PTY. LTD. T/A ASTRAL SKILLS INSTITUTE OF AUSTRALIA

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