



WALK IN NEW LIFE

MATER MARIA CATHOLIC COLLEGE

COMMUNITY • FORMATION • SUCCESS

AMENDMENT TO STUDENT INFORMATION

Student Name:
surname *christian name*

Mentor Group: Student Number

Please complete only the fields to be amended to your child’s information and return to the College Administration drop box.

Student Details

Student Address

Resides with Mother Father Other (please specify)

Parish details

Medical Information amendment Yes No

Changed Medical details

Fee Payer Mother Father Other (please specify)

Contact #1 Details

Contact type Mother Father Other (please specify)

Contact’s Residential address

Contact’s Mailing address *

Telephone (h) Telephone (w)

Telephone (m) * Email *

Contact #2 Details

Contact type Mother Father Other (please specify)

Contact’s Residential address

Contact’s Mailing address *

Telephone (h) Telephone (w)

Telephone (m) * Email *

OFFICE USE

SAS 2000 Date: Edumate Date:

(Note: only the following fields are entered into Edumate for a contact marked as residential or primary mailer: firstname; surname; gender; salutation; mobile_phone; email_address; postal_street_name; postal_suburb postal_postal_code; postal_country)