



**UPDATE OF CONTACT DETAILS
CHANGE OF ADDRESS**

OR

CHANGE OF BILLING DETAILS FOR PARENT/GUARDIAN

Name of Student/Students: _____

Name of Mother/Guardian: _____

Name of Father/Guardian: _____

CHANGE IN ADDRESS

Old Residential Address: _____

New Residential Address: _____

Telephone numbers: *Mother* (H) _____ (W) _____ (M) _____

Father (H) _____ (W) _____ (M) _____

Email Address: *Mother* _____ *Father* _____

Signature: *Mother/Guardian* _____ *Father/Guardian* _____

CHANGE IN BILLING DETAILS

Family Code (CRN): _____

Old Billing Name: _____

Old Billing Address: _____

New Billing Name: _____

New Billing Address: _____

Current balance on Fees: *Tuition Fees* _____

I / We accept full responsibility against repayment of current and future costs incurred against Tuition Fees and any other Fees (if applicable), for the students listed above.

Signature: *Mother/Guardian* _____ *Father/ Guardian* _____

OFFICE USE:

Processed by: _____ Authorised by: _____ Date: _____