



STUDENT INFORMATION CHANGE FORM

STUDENT INFORMATION

PLEASE PRINT CLEARLY

Student's Full Legal Name:

(Surname)

(First)

(Middle)

Current Grade:

Brother(s) at Vancouver College:

Name:

Grade:

Name:

Grade:

STUDENT'S MAIN MAILING ADDRESS & CONTACT DETAILS:

Father Mother Guardian Other _____

Address:

City:

Province:

Postal Code:

Home Phone:

E-mail:

Fax:

Change Effective as of (dd/mm/yyyy):

PARENTAL/EMERGENCY CONTACT INFORMATION

Father's Name:

Mother's Name:

Other/Emergency:

Cell Phone:

Cell Phone:

Relationship to Student:

Fax:

Fax:

Cell Phone:

Email:

Email:

Home Phone:

Work Phone:

Work Phone:

Work Phone:

Work Fax:

Work Fax:

Employer:

Employer:

Employer:

Position:

Position:

OTHER CHANGES

SIGNATURE

Signature of Parent or Guardian:

Date:

PLEASE RETURN THIS FORM TO VANCOUVER COLLEGE'S MAIN OFFICE.

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Above information released to:

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- Main Office Reception
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- Accounting Office
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- Parents' Association

Other comments as follows:

Received by:

Date Received: