

DE INTERNATIONAL

OVER 18 - REQUEST TO CHANGE WELFARE ARRANGEMENTS

Student Family Name Student Given Names.....

Student Reference No SO Passport No..... Date of Birth

Student's New Address

..... Postcode:

Student's Personal Email Telephone No

High School (or school preferences if school not confirmed)

Please indicate if accommodation is:

- Living with direct relative (approved by Immigration)
- Homestay family
- Shared accommodation
- Other

Reason for changing address

.....

Name, age and gender of people residing at this address

Name Age M F Name Age M F

Name Age M F Name Age M F

EMERGENCY CONTACT DETAILS

(Must be completed and signed by contact person over 21)

Given Name Family Name (Mr/Mrs/Ms)

Address

..... Postcode

Email Address

Telephone: Home Mobile.....

Signature Date.....

ADDITIONAL EMERGENCY CONTACT (over 21 years old)

Name: Home/Work: Mobile:

Name: Home/Work: Mobile:

(MUST BE SIGNED BY STUDENT)

Student's Signature: Date: