

REQUEST TO CHANGE WELFARE ARRANGEMENTS



DE International

Mail: DE International
Locked Bag 53, Darlinghurst NSW 1300
Australia

Telephone: (612) 1300 300 229

FAX (612) 8293 6928

Email: isc@det.nsw.edu.au

Student Family Name..... Student Given Names.....

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

Student's new address..... Post Code:.....

Student personal email Telephone No.....

High School (or school preferences if school not confirmed).....

Please indicate if accommodation is

- Living with relatives
Homestay family
Shared accommodation
Other

Reason for changing address

Name, age and sex of people residing at the same address

Name.....Age..... M/F Name..... AgeM/F

Name Age M/F Name..... AgeM/F

(MUST BE COMPLETED AND SIGNED BY CONTACT PERSON over 21 with Australian PR)

Emergency Contact Name (Mr/Mrs/Ms)

Emergency Contact Address

.....Postcode.....

Emergency Contact Email Address.....

Emergency Contact Telephone: Home Mobile.....

Emergency Contact Signature.....

Date

(MUST BE SIGNED BY STUDENT)

Student Signature.....

Date