

PAC CHANGE OF DETAILS FORM

Please update information accordingly.

STUDENT DETAILS

Family name: _____

First given name: _____

Gender: _____

FAMILY INFORMATION

Residential address: _____

Parent/Carer name: _____

Phone number: _____

Email: _____

Desired education arrangement: _____

Are there any new special circumstances PAC should know about? _____

Does the student have any new medical issues? (If yes, please give more information below) _____

OTHER COMMENTS

MEDIA CONSENT

I have read the information about publishing student information and

I GIVE PERMISSION

I DO NOT GIVE PERMISSION

For Pinnacle Academic College to publish information about my child in publicly accessible communications. This permission remains effective until the school receives a letter in writing stating otherwise.

I have made full and frank disclosure, answered all questions to the best of my ability, and provided all relevant documentation to assist Pinnacle Academic College in providing curriculum and educational services to the student/s enrolled.

Parent/Carer Signature: _____ Date: _____