

Student Contact Details Form

*Instructions: Please fill up all the details in CAPITAL letters only. Students must provide correct and accurate personal contact details to Rhodes College and advise the College within 7 days if there is any change. This information is used to communicate essential information to students and failure to comply may compromise a student's enrolment at the College. (Fields marked in * need not to be filled by local students who are either citizen / permanent resident of Australia).*

Personal details collected by the College will be handled in accordance with the College's Privacy Policy which is available on the College website: www.rhodescollege.vic.edu.au.

PERSONAL DETAILS

Student ID*:	<input type="text"/>	
Title*:	<input type="text"/>	(Mr/Mrs/Miss/Ms/Dr etc)
Family Name*:	<input type="text"/>	
Given Names*:	<input type="text"/>	
Student Status*:	International <input type="checkbox"/>	Domestic <input type="checkbox"/>
Student Enrolment:	Off shore <input type="checkbox"/>	On shore <input type="checkbox"/>
Gender*:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Date of Birth*:	<input type="text"/>	
Country of Birth*:	<input type="text"/>	
Nationality*:	<input type="text"/>	
Mother Tongue*:	<input type="text"/>	
Passport number:	<input type="text"/>	
Place of Issue:	<input type="text"/>	
Date of Issue:	<input type="text"/>	
Date of Expiry:	<input type="text"/>	
Visa Type:	<input type="text"/>	
Visa Expiry Date:	<input type="text"/>	
Address (Australia)*:	<input type="text"/>	
	P Code	<input type="text"/>

Email(s)*:

Phone (Land Line)*:

Mobile Phone*:

In case of emergency (ICE), person to be contacted in Australia:

Name:

Phone:

Next of kin (Name)*

Relationship

(Father/Mother/Spouse etc)

Next of Kin contact

details* (Country

code/Area code/

Telephone no)

ADDITIONAL INFORMATION

Father's Name:

Mother's Name:

Permanent Overseas
Home Address (including
Town, State, Country):

Post Code:

Phone Number (Country
code/Area code/
Telephone no):

Email:

INFORMATION ACKNOWLEDGEMENT

(Please tick box that you understand)

I acknowledge that the information provided in this form is true and correct.

I understand that it is my responsibility to notify Rhodes College within 7 days if there are changes to any of my contact details (like address, phone, mobile and email) occur, as per my Student Visa conditions.

Student Signature:

Date:

OFFICE USE ONLY

Date received:

Date processed:

Data entered on PRISMS? Yes No

Data entered on CLARITY? Yes No

Staff Signature:

Date: