



ST ANTHONY'S PRIMARY SCHOOL KINGSCLIFF

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CHANGE OF ADDRESS/PHONE/EMAIL

Date: ____/____/____

Family Name: _____

New Address: _____

_____ Post Code _____

New Phone: _____

New Email: _____

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

OFFICE USE ONLY

SAS:

Photocopy for
teachers:

Parish Board

Hand Parent New
Surfside Bus Form: