



الكلية الإسلامية في لونغفورد

CHANGE OF ADDRESS

or

CHANGE OF BILLING DETAILS FOR PARENT/GUARDIAN

Name of Student/Students: _____

Name of Father/Guardian: _____

Name of Mother/Guardian: _____

CHANGE IN ADDRESS

Current Residential Address: _____

New Residential Address: _____

Telephone numbers: Father (H) _____ (W) _____ (M) _____

Mother (H) _____ (W) _____ (M) _____

Email Address: Father _____ Mother _____

Signature: Father/Guardian _____ Mother/Guardian _____

CHANGE IN BILLING DETAILS

Family Code (CRN): _____

Current Billing Name: _____

Current Billing Address: _____

New Billing Name: _____

New Billing Address: _____

Current balance on Fees: *Tuition Fees* _____

I / We accept full responsibility against repayment of current and future costs incurred against Tuition Fees and any other Fees (if applicable), for the students listed above.

Signature: Father/Guardian _____ Mother/Guardian _____

OFFICE USE:

Processed by: _____ Authorised by: _____ Date: _____

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