

Your Current Details

Student name (as on current records):	
Date of Birth:	
Current Qualification:	

I am a student of Sechi Hair Academy and wish to advise a change of:	<input type="checkbox"/> Name (<i>please provide proof of change of name</i>) <input type="checkbox"/> Home Address <input type="checkbox"/> Contact Details <input type="checkbox"/> Employer/Workplace <input type="checkbox"/> Other:
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Please provide your new details below:

Family Name:		First Name:	
Middle Name/s:			
Mobile:		Home Phone:	
Email Address:			
Home Address:			
Workplace/Employer:			

Student Signature:	
Student Name:	
Date:	

Please return this completed form to:
Sechi Hair Academy, Level 1, 81 Watton Street, Werribee VIC 3030