

ACT REGISTRATION COMMITTEE FOR INTERNATIONAL SECONDARY STUDENT EXCHANGE

CHANGE OF STUDENT EXCHANGE PROGRAM DETAILS

STUDENT DETAILS

AASSES Form No: _____

First Name: _____

Family Name: _____

*Please indicate below **only** the sections where the relevant changes will be, or have made to any of the above listed student's inbound programs details.*

CHANGE OF PROGRAM DATES

Previous Dates: _____ Arrival /Enrolment: _____ Cessation /Departure: _____

New dates: _____ New Arrival /Enrolment: _____ New Cessation /Departure _____

Reason for Change: _____

CHANGE OF SCHOOL

Previous School: _____

New School: _____

Date Changes: Date of cessation from Previous school: _____ Date of enrolment in new school: _____

Reason for Change: _____

CHANGE OF HOST FAMILY

Previous Family: _____

New Family: _____

New Family Address: _____

Reason for *and* Date of Change: _____

Organisation Details *(To be completed by the organisation coordinating the exchange program)*

Organisation Name: _____

Authorising Officer: _____ **Date:** _____

PLEASE RETURN TO:

ACT Student Exchange - International Education Unit
ACT Education & Training Directorate PO Box 158 Canberra City ACT 2601
Tel: 02 6205 9176 Fax: 02 6205 9239 Email: Tracy.rood@act.gov.au