



CHANGE OF DETAILS

Changes are to be made by current parent/ guardian.

Please complete required changes **only** and sign at the end of page two.

STUDENT DETAILS (Please list each student.)

HOUSE _____

Name: _____ DOB: _____ Year Level: _____

Name: _____ DOB: _____ Year Level: _____

Name: _____ DOB: _____ Year Level: _____

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

INDIGENOUS STATUS

**Is the student of Aboriginal or Torres Strait Islander Origin?*

- No
 Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander

STUDENT FAMILY DETAILS:

Parent/ Carers	Parent/Carer 1	Parent/Carer 2
*Family Name:		
*Given Name:		
Title:		
Sex:	Male / Female	Male / Female
*Relationship to Student:		
Does the student reside with parent/carer?	Yes / No	Yes / No
*Is the parent/ carer an emergency contact?	Yes / No	Yes / No
*1 st Contact	Work/Home/Mobile	Work/Home/Mobile
*2 nd Contact	Work/Home/Mobile	Work/Home/Mobile
*3 rd Contact	Work/Home/Mobile	Work/Home/Mobile
Employer name		
Occupation		
*Residential Address:		
Suburb:		
State:	Postcode	Postcode
*Postal address:		
Suburb:	Postcode	Postcode
Email:		
*Court Orders:	Is there any current Family Court or other Court orders concerning the welfare, safety or parenting arrangements of your child/ children?	Yes / No

STUDENT MEDICAL INFORMATION (including allergies)

*Medical Conditions:

*Medical Condition Symptoms/ Management:

CONTACT DETAILS – Please list the contact order including emergency contacts.

	Contact 1	Contact 2
Name:		
*Relationship to Student:		
*1st Contact	Work/Home/Mobile	Work/Home/Mobile
*2nd Contact	Work/Home/Mobile	Work/Home/Mobile
*3rd Contact	Work/Home/Mobile	Work/Home/Mobile

	Contact 3	Contact 4
Name:		
*Relationship to Student:		
*1st Contact	Work/Home/Mobile	Work/Home/Mobile
*2nd Contact	Work/Home/Mobile	Work/Home/Mobile
*3rd Contact	Work/Home/Mobile	Work/Home/Mobile

OTHER INFORMATION (Eg: To remove a contact or change custody details.)

TO BE SIGNED BY CURRENT GUARDIAN

NAME: *(block letters please)* _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Entered by:		Date:	
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