



Change of Details

Changes are to be made by current parent / guardian
Please complete required changes **only** and sign page two

Student Details *(Please list each student)*

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 Parent / Carer Details *(For emergency contacts see over page)*

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
1st Contact:	Work/Home/Mobile	Work/Home/Mobile
2nd Contact:	Work/Home/Mobile	Work/Home/Mobile
3rd 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:

Emergency Contact Details – Please list the contact order

	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 *(E.g.: To remove a contact or change custody details)*

Parent / Carer Signature

Name: *(block letters please)* _____

Signature: _____ Date: _____

Staff Signature *(If filling out on behalf of parent / carer)*

Name: *(block letters please)* _____

Signature: _____ Date: _____

OFFICE USE ONLY	
Entered by:	Date: