

## Change of Details Form

This form is to update student details. A parent/carer must complete and sign this form.



| Student Details – (PLEASE COMPLETE THIS SECTION - MANDATORY)   |                                                                                                                                                |                                                        |                                                          |                                                                                                                                                |                             |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Legal Family Name                                              |                                                                                                                                                |                                                        | Legal Given Names                                        |                                                                                                                                                |                             |
| Preferred Family Name                                          |                                                                                                                                                |                                                        | Preferred Given Names                                    |                                                                                                                                                |                             |
| Date of Birth                                                  | /                                                                                                                                              | /                                                      | Home Group                                               |                                                                                                                                                | Year Level (select)         |
| Reason for completing change of details form                   |                                                                                                                                                |                                                        |                                                          |                                                                                                                                                |                             |
| <input type="checkbox"/> Change of address/phone/email         |                                                                                                                                                | <input type="checkbox"/> Update of emergency contacts  |                                                          | <input type="checkbox"/> Change of fee-paying parent                                                                                           |                             |
| <input type="checkbox"/> Change of custodial parent            |                                                                                                                                                | <input type="checkbox"/> Update of medical information |                                                          | <input type="checkbox"/> other _____                                                                                                           |                             |
| Additional Information                                         |                                                                                                                                                |                                                        |                                                          |                                                                                                                                                |                             |
| Does the student have a sibling at this school?                |                                                                                                                                                |                                                        |                                                          | <input type="checkbox"/> Yes                                                                                                                   | <input type="checkbox"/> No |
| If yes, are these changes to be made on the sibling's account? |                                                                                                                                                |                                                        |                                                          | <input type="checkbox"/> Yes                                                                                                                   | <input type="checkbox"/> No |
|                                                                | <b>Sibling 1</b>                                                                                                                               |                                                        | <b>Sibling 2</b>                                         |                                                                                                                                                |                             |
| Full Legal Name                                                |                                                                                                                                                |                                                        |                                                          |                                                                                                                                                |                             |
| Year Level                                                     |                                                                                                                                                |                                                        |                                                          |                                                                                                                                                |                             |
| Date of Birth                                                  |                                                                                                                                                |                                                        |                                                          |                                                                                                                                                |                             |
| Parent/Carer Contact Details                                   |                                                                                                                                                |                                                        |                                                          |                                                                                                                                                |                             |
|                                                                | <b>Parent/Carer 1</b>                                                                                                                          |                                                        |                                                          | <b>Parent/Carer 2</b>                                                                                                                          |                             |
| Family Name                                                    |                                                                                                                                                |                                                        |                                                          |                                                                                                                                                |                             |
| Given Names                                                    |                                                                                                                                                |                                                        |                                                          |                                                                                                                                                |                             |
| Title                                                          | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr |                                                        |                                                          | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr |                             |
| Relationship (e.g. mother)                                     |                                                                                                                                                |                                                        |                                                          |                                                                                                                                                |                             |
| Student Resides with parent?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                       |                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                |                             |
| Address line 1                                                 |                                                                                                                                                |                                                        |                                                          |                                                                                                                                                |                             |
| Address line 2                                                 |                                                                                                                                                |                                                        |                                                          |                                                                                                                                                |                             |
| Suburb/town                                                    |                                                                                                                                                |                                                        |                                                          |                                                                                                                                                |                             |
| State                                                          |                                                                                                                                                | Post Code                                              |                                                          | Post Code                                                                                                                                      |                             |
| Contact Phone Number 1                                         | Mobile                                                                                                                                         |                                                        |                                                          | Mobile                                                                                                                                         |                             |
| Contact Phone Number 2                                         | Home                                                                                                                                           |                                                        |                                                          | Home                                                                                                                                           |                             |
| Contact Phone Number 3                                         | Work                                                                                                                                           |                                                        |                                                          | Work                                                                                                                                           |                             |
| Email                                                          |                                                                                                                                                |                                                        |                                                          |                                                                                                                                                |                             |
| Responsible for paying School fees?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                       |                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                |                             |

| Emergency Contact Details            |                            |                            |
|--------------------------------------|----------------------------|----------------------------|
| <b>New Emergency Contact Details</b> |                            |                            |
|                                      | <b>Emergency Contact 1</b> | <b>Emergency Contact 2</b> |
| Name                                 |                            |                            |
| Relationship (e.g. aunt)             |                            |                            |
| Contact Phone Number 1               | Mobile                     | Mobile                     |
| Contact Phone Number 2               | Home                       | Home                       |
| Contact Phone Number 3               | Work                       | Work                       |
| <b>Delete Emergency Contacts</b>     |                            |                            |
| Emergency Contact Name to be deleted |                            |                            |
| Emergency Contact Name to be deleted |                            |                            |

| Medical Conditions                                                                               |                              |                             |
|--------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Does the student have any medical conditions?                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Details of medical condition (including allergies/sensitivities)                                 |                              |                             |
|                                                                                                  |                              |                             |
| If yes, does the school have a current copy of the Individual Health Plan authorised by your GP? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Court/Custody Orders                                                                                                                      |                              |                              |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| Are there any current Family Court or other court orders concerning the welfare, safety or parenting arrangements of your child/children? | Start Date of current orders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the school have a current copy of these orders?                                                                                      | / /                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**I confirm that I am the Parent or Carer of the student listed. By signing I agree the information given is true and correct as at the date indicated below.**

|           | Parent /Carer 1                                                                                                | Parent/Carer 2                                                                                                   |
|-----------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Name      |                                                                                                                |                                                                                                                  |
| Signature | click on the  above to sign | click on the  above to sign |
| Date      | / /                                                                                                            | / /                                                                                                              |

| OFFICE USE ONLY              |                             |                     |                   |
|------------------------------|-----------------------------|---------------------|-------------------|
| <b>Details Updated</b>       |                             | <b>Date Updated</b> | <b>Entered By</b> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | / /                 |                   |
| <b>Signature</b>             |                             |                     |                   |
| Comments                     |                             |                     |                   |