

## Benowa State High School 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		
Residential Address Details – Current Address						
Address Line 1						
Address Line 2						
Suburb/Town		State		Postcode		
Postal Address (if different to Residential Address above)						
Address Line 1						
Address Line 2						
Suburb/Town		State		Postcode		
Does the student have a sibling attending this school If yes, provide name of sibling, year level and date of birth.						
Parent/Carer Contact Details						
	Parent/Carer 1			Parent/Carer 2		
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. aunt)						
Contact Phone Number 1	Mobile			Mobile		
Contact Phone Number 2	Home			Home		
Contact Phone Number 3	Work			Work		
Email						
Employer name						
Occupation						
Address line 1						
Address line 2						
Suburb/town						
State		Post Code			Post Code	

**Emergency Contact Details**

Please delete current emergency contact?  Yes  No

Emergency Contact Name to be deleted

Emergency Contact Name to be deleted

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship (e.g. aunt)		
Contact Phone Number 1	Mobile	Mobile
Contact Phone Number 2	Home	Home
Contact Phone Number 3	Work	Work

**Court/Custody Orders**

Are there any current Family Court or other court orders concerning the welfare, safety or parenting arrangements of your child/children?	<b>Start Date of current orders</b>	<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

**Medical Conditions**

Does the student have any medical conditions that the school does not already have on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of medical condition (including allergies/sensitivities), symptoms and management.		
Does the school have a current copy of the Individual Health Plan authorised by your GP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

		/ /
Parent/Carer's Name	Signature of Parent/Carer	Date

**OFFICE USE ONLY**

Details Updated		Date Updated	Entered By	Signature
<input type="checkbox"/> Yes	<input type="checkbox"/> No	/ /		
Comments				