

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
	Sibling 1		Sibling 2		
Full Legal Name					
Year Level					
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. 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		
New Emergency Contact Details		
	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
Delete Emergency Contacts		
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				
Details Updated		Date Updated	Entered By	Signature
<input type="checkbox"/> Yes	<input type="checkbox"/> No	/ /		
Comments				