

Student Details Change Form

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| Student Name: | | Year & Roll Class: | |
| Student Personal Details Surname: _____ Given Names: _____ (as shown on Birth Certificate) D.O.B: _____ Gender: _____ Indigenous Status: Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Preferred Name: _____ Same Changes for Sibling/s? <input type="checkbox"/> Yes <input type="checkbox"/> No Siblings Name and Roll Classes: _____ Student Name: _____ Roll Class: _____ Student Name: _____ Roll Class: _____ | | | |
| Student Address Detail: Has every family member moved to this address? Y / N Street: _____ Suburb: _____ Post Code: _____ | | | |
| Parent Guardian 1 Details: Emergency contact: Y / N Name: _____ Relationship to Student: _____ Resides with student: Y / N Occupation: _____ Phone (Home): _____ Phone (Mobile): _____ Work Place: _____ Phone (Work): _____ Email: _____ Residential Address: _____ Postal Address: _____ | | | |
| Parent Guardian 2 Details: Emergency contact: Y / N Name: _____ Relationship to Student: _____ Resides with student: Y / N Occupation: _____ Phone (Home): _____ Phone (Mobile): _____ Work Place: _____ Phone (Work): _____ Email: _____ Residential Address: _____ Postal Address: _____ | | | |
| Family Notes: Please advise if care is shared: _____ Custody Details: _____ | | | |
| Please attach a copy of Court Order | | | |
| Emergency Contacts: (include names other than Parent Guardian 1 and 2) | | | |
| Priority | Contact Name | Relationship to Student | Contact Telephone Numbers Home: _____ Work: _____ |
| 1 | | | Mobile: _____ Other: _____ |
| 2 | | | Mobile: _____ Other: _____ |
| 3 | | | Mobile: _____ Other: _____ |
| Medical Conditions - Please refer to and complete attached form | | | |

Parent/Guardian Signature _____

Print name: _____

Date: _____