CHANGE OF DETAILS FORM

PLEASE COMPLETE SECTIONS THAT REQUIRE UPDATING AND RETURN TO THE SCHOOL OFFICE

Student Details

Surname:	First Name:	Year Level:
Residential Address:		
Postal Address (if different from Residential Address):		

Do these changes apply to any other siblings enrolled at Centenary State High School? Yes ☐ No ☐

If Yes, name and current year level of sibling/s: ____

IF THERE IS A CHANGE IN PARENTAL CUSTODY, PLEASE ALSO COMPLETE FINANCIAL PAYMENT RESPONSIBILITY SECTION

Parent/Guardian Details 1

Surname:	First Name:	Mr / Mrs / Miss / Ms Gender: M / F
Relationship to Student:	Mother / Father / Guardian / Other:	
Residential Address: (If different from above)		
Postal Address: (if different from above)		
Home Phone:	Mobile Phone:	
Occupation:	Work Location:	Work Phone:
Email Address:		
Do you wish to receive correspondence?		YES / NO
Parent/Guardian Signature:		Date:

Parent/Guardian Details 2

Surname:	First Name:	Mr / Mrs / Miss / Ms Gender: M / F
Relationship to Student:	Mother / Father / Guardian / Other:	
Residential Address: (If different from above)		
Postal Address: (if different from above)		
Home Phone:	Mobile Phone:	
Occupation:	Work Location:	Work Phone:
Email Address:		
Do you wish to receive correspondence?		YES / NO
Parent/Guardian Signature:		Date:

Please complete Page 2 on reverse.

Emergency Contacts (Important: Do not include yourself or spouse/partner)

Priority	Name	Relationship to Student	Contact Phone Numbers
1			Home: Work: Mobile:
2			Home: Work: Mobile:
3			Home: Work: Mobile:

Custody / Access Details

Are there any current Family Court or other Court Orders concerning the welfare, safety or parenting arrangements of your child/children:	YES / NO
I have provided a copy of current Court Order:	YES / NO
Details:	

Financial Payment Responsibilities

Parent / Caregiver Fee Payer Allocations % ***Signature required from both parties***	Name……………………..……_____ % Signature ………………………………….. Name …………………………._____ % Signature ……….……………………....

Should your child need to take medication during school hours, an Individual Health Plan, including Emergency Health Plan (if relevant) or Authority to Administer Medication Form will need to be completed each year and retained at office. All necessary medication needs to be labelled by a Medical Practitioner.
Medical Condition:
Symptoms:
Management:

Medical Condition:
Symptoms:
Management:

PARENT/CARER NAME:__________________ SIGNATURE: ____________________ DATE: ___________

OFFICE USE ONLY:
RECORDS UPDATED ON ___/___/___ BY _______