CHANGE OF DETAILS ADVICE
STUDENT DATABASE INFORMATION

STUDENT DETAILS				
Surname:	**Given Name:**	**Preferred Name:**	**Year Level:**	**Class:**

RECEIVED FROM: ☐ Mother   ☐ Father   ☐ Other (_____)

METHOD: ☐ Phone   ☐ In Person   ☐ Correspondence

NAME:_____**SIGNED:** _____ **DATE:** ____/____/___

ADVICE TAKEN BY: _____ **ENTERED BY:** _____

PLEASE ONLY WRITE THE DETAILS THAT HAVE CHANGED

RELEVANT FAMILY INFORMATION

CUSTODY INFORMATION (Copies of updated information to be provided)

SEPARATED FAMILIES   ☐   CHILDREN LIVE WITH   ☐   Mum
                                                                ☐   Dad
                                                                 ☐   Other

_____

PARENT DETAILS

Parent Name:	Parent Name:
Parent Address:	Parent Address:
Phone Number: • Mobile • Home • Work	Phone Number: • Mobile • Home • Work
Email:	Email:
Relationship to Student:	Relationship to Student:

MEDICAL INFORMATION:

Child	Medical Condition (Asthma, Allergic Reaction	Symptoms & Treatment	Health Plan?

EMERGENCY CONTACT DETAILS: In order of priority

	Name:	Relationship to Student:	Contact Numbers:
□ **Add** □ **Delete**			**Home:** **Work:** **Mobile:**
□ **Add** □ **Delete**			**Home:** **Work:** **Mobile:**
□ **Add** □ **Delete**			**Home:** **Work:** **Mobile:**
□ **Add** □ **Delete**			**Home:** **Work:** **Mobile:**

OTHER INFORMATION:

QPARENTS • Does access need to change?	
FEE RESPONSIBILITIES • Should this be reallocated?	
SMS • Both parents to receive?	
EMERGENCY CONTACTS • Should this change?	