



# 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

**NAME:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADVICE TAKEN BY:** \_\_\_\_\_ **ENTERED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**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

#### FEE ALLOCATION

☐ Mum  
☐ Dad

### PARENT DETAILS

<b>Parent Name:</b> _____ <b>Parent Address:</b> _____ <b>Phone Number:</b> • Mobile _____ • Home _____ • Work _____ <b>Email:</b> _____ <b>Relationship to Student:</b> _____	<b>Parent Name:</b> _____ <b>Parent Address:</b> _____ <b>Phone Number:</b> • Mobile _____ • Home _____ • Work _____ <b>Email:</b> _____ <b>Relationship to Student:</b> _____
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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:
<input type="checkbox"/> Add <input type="checkbox"/> Delete			Home: Work: Mobile:
<input type="checkbox"/> Add <input type="checkbox"/> Delete			Home: Work: Mobile:
<input type="checkbox"/> Add <input type="checkbox"/> Delete			Home: Work: Mobile:
<input type="checkbox"/> Add <input type="checkbox"/> Delete			Home: Work: Mobile:

OTHER INFORMATION: