



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

PARENT DETAILS

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