



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 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:		<i>In order of priority</i>	
	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: