

Yeppoon SHS Change of Details Form

This form is to update student details at Yeppoon SHS. All parties that have enrolled the student, must complete and sign this form. If the medical details of a student have changed please fill in a Student Medical Form (available to download from the school website).

Student Details - (PLEASE COMPLETE THIS SECTION - MANDATORY)

Legal Family Name			
Legal Given Name			
Preferred Family Name			
Preferred Given Name			
Date of Birth	/ /	Details Changed	Yes <input type="checkbox"/> No <input type="checkbox"/>

Residential Address Details – Current Address

Address Line 1			
Address Line 2			
Suburb/Town	State		Postcode

Postal Address (if different to Residential Address above)

Address Line 1			
Address Line 2			
Suburb/Town	State		Postcode

Court/Custody Orders

Is there any current Family Court or other court orders concerning the welfare, safety or parenting arrangements of your child/children?	Start date of current orders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the school have a current copy of these orders?	/ /	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical Condition

Please attach any medical diagnosis that the school does not already have on file including mental health care plans.	Not applicable <input type="checkbox"/>
Current Medical Plan on file at school.	Yes <input type="checkbox"/> No <input type="checkbox"/>

EALD – English as second language

Is English the main Language spoken at home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please specify language _____	

Parent/Carer Contact Details

	Parent / Carer 1	Parent / Carer 2
Full Legal Name		
Relationship (eg. Aunt)		
Contact Phone Number 1	Mobile	Mobile
Contact Phone Number 2	Home	Home
Contact Phone Number 3	Work	Work
Email address		

Current Emergency Contact Details

Please delete current emergency contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency Contact Name to be deleted		
Emergency Contact Name to be deleted		

New Emergency Contact Details

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship (eg. Aunt)		
Contact Phone Number 1	Mobile	Mobile
Contact Phone Number 2	Home	Home
Contact Phone Number 3	Work	Work

I agree that I am the Parent or Carer of the student listed. By signing this form I agree that the information given is true and correct as at the date indicated below.

	Parent / Carer 1	Parent / Carer 2
Name		
Signature		
Date	/ /	/ /
Drivers Licence/Passport Number		

OFFICE USE ONLY

Details Updated	Date Updated	Entered By	Signature
Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /		
Comments			