

**Student/s Name:** \_\_\_\_\_ Care Class: \_\_\_\_\_  
 \_\_\_\_\_ Care Class: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Caregiver 1** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_ Reside with student: Yes/No

Address if not residing with student: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

**Parent/Caregiver 2** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_ Reside with student: Yes/No

Address if not residing with student: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

**Add Emergency Contacts**

**Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**If Emergency Contacts need to be deleted please write down.** \_\_\_\_\_

**Other Information (e.g. Change of religion, custody, medical requirements etc)**

(Please note additional paperwork maybe required by school e.g Custody Orders, Medical Action Plan etc)

**Parent/Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:**

If parent phoned through changes please initial: \_\_\_\_\_ Record on O/S - phone call. Initial: \_\_\_\_\_

One School Records:  SCDS/ETRF for Year 10,11 & 12 (Address Change):

Q-Parent status checked, reissue invitation if not approved

DATE ACTIONED: / / Initials:

g:\coredata\admin\1.0 student services\student change of details\change of details form.docx