



Changes to Students Personal Details Form

Please complete all relevant sections.

Student Name: _____

Care Class: _____

STUDENT ADDRESS DETAILS				
Principle place of residence address				
Address				
Suburb/town		State		Postcode
Mailing address (if it is the same as principle place of residence, write 'AS ABOVE')				
Address				
Suburb/town		State		Postcode

PARENT / CARER or ADDITIONAL PERSONS DETAILS				
Family name*				
Given names*				
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Relationship to student*				
Does Parent/Carer Reside with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the parent/ carer an emergency contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
1st Phone contact number*	Work/home/mobile	Work/home/mobile		
2nd Phone contact number*	Work/home/mobile	Work/home/mobile		
3rd Phone contact number*	Work/home/mobile	Work/home/mobile		
Email				
Address line 1				
Address line 2				
Suburb/town				
State		Postcode		Postcode
Mailing address (if it is the same as principal place of residence, write 'AS ABOVE')				
Address line 1				
Address line 2				
Suburb/town				
State		Postcode		Postcode
Email				
Country of Birth				
Language spoken at home	English <input type="checkbox"/> Other:	English <input type="checkbox"/> Other:		

EMERGENCY CONTACT DETAILS (Other emergency contact details if parents/carers listed previously are not emergency contacts or cannot be contacted)*

Name		
Relationship (e.g. aunt)		
1 st phone contact number*	Work/home/mobile	Work/home/mobile
2 nd phone contact number*	Work/home/mobile	Work/home/mobile
3 rd phone contact number*	Work/home/mobile	Work/home/mobile

EXISTING EMERGENCY CONTACTS (Please advise us of any changes to the existing Emergency Contacts)

Name		<input type="checkbox"/> Remove	<input type="checkbox"/> Keep
Name		<input type="checkbox"/> Remove	<input type="checkbox"/> Keep
Name		<input type="checkbox"/> Remove	<input type="checkbox"/> Keep

COURT ORDERS

Are there any current Family Court or other court orders concerning the welfare, safety or parenting arrangements of your child/children? Please provide a copy of any relevant current court order.

Yes No

PARENT RESPONSIBLE FOR SCHOOL FEES (If changing please complete a new Student Resource Scheme (SRS) Participation Agreement Form)

Parent Name		
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AUTHORISATION TO CHANGE DETAILS

	Name of Parent / Carer on Enrolment	Name of additional person	Name of additional person
Signature			
Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

ADDITIONAL INFORMATION (E.g.: Living Arrangements)

OFFICE USE ONLY

Changes made to OneSchool

Signature _____ Date ____ / ____ / ____

Notes: _____