ALBANY CREEK STATE HIGH SCHOOL

CHANGE OF DETAILS FORM

1. Please complete the student's details for all change requests
2. Only complete other sections that require updating and return to the school office
3. Please ensure the form has a Parent/Guardian name and signature

Student Details

Surname:	**First Name:**	**Year Level:**
Residential Address:		
Postal Address (if different from Residential Address):		

Do these changes apply to any other siblings enrolled at a State School? Yes / No

If Yes, name and current year level of sibling/s: _____

Parent/Guardian Details 1 (*Please ensure we have your correct e-mail address by completing the e-mail address area)

Surname**:**	First Name:	Mr / Mrs / Miss / Ms
Relationship to Student:	Mother / Father / Guardian / Other:	
Residential Address: (If different from above)		
Postal Address: (if different from above)		
Home Phone:	Mobile Phone: Is this number to be used for Absentee SMS system? Yes / No	
Occupation:	Work Location:	Work Phone:
*Email Address:		
Parent/Guardian Signature:		Date:

Parent/Guardian Details 2 (*Please ensure we have your correct e-mail address by completing the e-mail address area)

Surname:	First Name:	Mr / Mrs / Miss / Ms
Relationship to Student:	Mother / Father / Guardian / Other:	
Residential Address: (If different from above)		
Postal Address: (if different from above)		
Home Phone:	Mobile Phone: Is this number to be used for Absentee SMS system? Yes / No	
Occupation:	Work Location:	Work Phone:
*Email Address:		
Parent/Guardian Signature:		Date:

Please complete Page 2 on reverse

Emergency Contacts (Important: Do not include yourself or other Parent/Guardian already provided on page 1)

Priority	Name	Relationship to Student	Contact Phone Numbers
1			Home: Work: Mobile:
2			Home: Work: Mobile:
3			Home: Work: Mobile:

Custody / Access Details

Are there any current Family Court or other Court Orders concerning the welfare, safety or parenting arrangements of your child/children:	Yes / No
I have provided a copy of current Court Order:	Yes / No
Details:	

Medical Conditions (e.g. Asthma, Allergies etc.)

Should your child need to take medication during school hours, an Individual Health Plan, including Emergency Health Plan (if relevant) or Authority to Administer Medication Form will need to be completed each year and retained at the office. Necessary medication needs to be labelled by a Medical Practitioner.
Medical Condition:
Symptoms:
Management:

Medical Condition:
Symptoms:
Management:

*Office use only	Date Received:	Date Recorded: Initials