

CHANGE OF STUDENT CONTACT DETAILS



Do you have shared custody or is there a parent **not living** with student?

Yes No

If you ticked Yes additional information is required under Shared Custody

Section on page back page

Personal Details of Student:

check List

Surname		Home group / Year level	
Given Name		Student's Mobile	

Student Address:

No. & Street: or PO Box details			
Suburb:		Postcode	
Telephone Number		Mobile Number	
Email Address			

Family Doctor Details:

Doctor's Name		Individual or Group Practice: <input type="checkbox"/> Individual <input type="checkbox"/> Group	
No. & Street or PO Box No.			
Suburb		Postcode:	
Telephone Number		Current Ambulance Subscription:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare Number			

Parent / Guardian A

Sex (circle) Male/Female	Title (Ms, Mrs, Mr, Dr etc)	
Surname:		
First Name:		
Work Number		
Mobile Number		

Parent / Guardian B

Sex (circle) Male/Female	Title (Ms, Mrs, Mr, Dr etc)	
Surname:		
First Name:		
Work Number		
Mobile Number		

Student Access / Activity Restrictions Details: COPIES OF CURRENT COURT ORDERS OR DOCUMENTS ARE REQUIRED

Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)		<input type="checkbox"/> No
Access Type: (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order <input type="checkbox"/> Other
Describe any Access Restriction:			
Is there an Activity Alert for the student? If Yes, then describe the Activity Restriction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Parent / Guardian Signature

Date

SHARED CUSTODY SECTION

ONLY COMPLETE THIS SECTION IF YOU ANSWERED YES TO SHARED CUSTODY

When does the student stay with **this Parent**: (tick one) Never Occasionally Balanced

Parent / Guardian A – Shared Custody only

Sex (circle) Male/Female	Title (Ms, Mrs, Mr, Dr etc)	
Surname:		
First Name:		
Work Number		
Mobile Number		

Parent / Guardian B – Shared Custody only

Sex (circle) Male/Female	Title (Ms, Mrs, Mr, Dr etc)	
Surname:		
First Name:		
Work Number		
Mobile Number		

Address – Shared Custody only

No. & Street: or PO Box details			
Suburb:		Postcode	
Telephone Number		Mobile Number	
Email Address			

Other relevant information

Office Use only

Entered by _____ Date _____ Stamp _____