



# CONFIDENTIAL STUDENT INFORMATION UPDATE FORM

Please use this form if your child's personal details change during the year and return to the office as soon as possible.

		SURNAME:	FIRST NAME:
1	Child's name:		
2	Child's name:		
3	Child's name:		

Tick the shaded boxes to indicate a change needs to be made to the school's records then complete the section with the new information. **Please note** – For changes to a child's name, we are unable to make changes without seeing relevant original legal documentation.

## NEW HOME DETAILS OF STUDENT:

<input type="checkbox"/>	<b>Students new home address:</b>	
	<b>Students new home phone number:</b>	

## NEW HOME AND CONTACT DETAILS OF PARENT:

<input type="checkbox"/>	<b>Mothers full name:</b>	
	<b>Mothers new home address:</b> <small>(if the same as student, please write 'same')</small>	
	<b>Mothers new home telephone:</b> <small>(if the same as student, please write 'same')</small>	
	<b>Mothers new mobile number:</b>	
	<b>Mothers work number:</b>	
	<b>Occupation:</b>	
	<b>New employer's name &amp; address:</b>	
	<b>Can this parent/guardian be contacted at work:</b>	YES / NO (Please circle)
	<b>Mothers email address:</b>	@

<input type="checkbox"/>	<b>Fathers full name:</b>	
	<b>Fathers new home address:</b> <small>(if the same as student, please write 'same')</small>	
	<b>Fathers new home telephone:</b> <small>(if the same as student, please write 'same')</small>	
	<b>Fathers new mobile number:</b>	
	<b>Fathers work number:</b>	
	<b>Occupation:</b>	
	<b>New employer's name &amp; address:</b>	
	<b>Can this parent/guardian be contacted at work:</b>	YES / NO (Please circle)
	<b>Fathers email address:</b>	@

Name of Person completing form: ..... Date: ..... / ..... / .....

**SPLIT FAMILIES/CUSTODY DETAILS:**

	<b>Is this a 'split' family?</b> <small>(Please circle)</small>	YES / NO
	<b>Does the child live equally with both parents?</b>	YES / NO
	<b>If no, please provide details:</b> <small>(i.e. lives with mother 20% / father 80%)</small>	
	<b>Custody restrictions:</b> <small>(Please provide details)</small>	
<b>Note:</b> An original copy of any custody restrictions must be provided to the school where a copy will be taken and placed in the students file. The school can only implement these restrictions when custody papers have been presented to the school.		

**MEDICAL DETAILS:**

	<b>Asthma:</b> <small>(please provide details)</small>	
	<b>Illness/Impairment:</b> <small>(please provide details)</small>	
	<b>Allergies:</b> <small>(please provide details)</small>	
	<b>Medications:</b> <small>(please provide details)</small>	
	<b>Allergies to medications:</b> <small>(please provide details)</small>	

**DOCTOR'S DETAILS:**

	<b>Doctor's Name / Address:</b>	
	<b>Doctor's phone number:</b>	
	<b>Medicare Number:</b>	
	<b>Ambulance cover:</b>	Yes / No (please circle)

**EMERGENCY CONTACT DETAILS:**

(The emergency contact cannot be the parent or guardian. These contacts are used when the school has been unable to contact the parent/guardian at work or home.)

**Contact 1:**

	<b>Name:</b>	
	<b>Relationship to student:</b>	
	<b>Phone number:</b>	

**Contact 2:**

<b>Name:</b>	
<b>Relationship to student:</b>	
<b>Phone number:</b>	

**Contact 3:**

<b>Name:</b>	
<b>Relationship to student:</b>	
<b>Phone number:</b>	

**THANK YOU****(Please return this sheet to the school office immediately when a change has occurred.)**