



## CHANGE OF PERSONAL DETAILS

PLEASE COMPLETE SECTIONS THAT REQUIRE UPDATING AND RETURN TO THE ADMINISTRATION

### LEGAL DOCUMENTATION REQUIRED TO SUPPORT A STUDENT'S NAME CHANGE – THIS IS NOT REQUIRED FOR A 'PREFERRED NAME'

<b>STUDENT DETAILS</b>	Last name	First Name	Year Level
	Residential address		
	Mailing address (if different from Residential Address)		
	Student Email address		
	Student Mobile phone	Student support by ISS <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do these changes apply to any other siblings enrolled at Corinda State High?  Yes  No  
If Yes, name and current year level of sibling/s

### IF THERE IS A CHANGE IN PARENTAL CUSTODY, PLEASE PROVIDE A COPY OF ANY COURT ORDERS AND COMPLETE FINANCIAL PAYMENT RESPONSIBILITY SECTION (see over)

*Please tick appropriate box →*

<input type="checkbox"/> Student resides with both Parents/Guardians	<input type="checkbox"/> Student resides with Parent/Guardian1 only
<input type="checkbox"/> Independent student	<input type="checkbox"/> Student resides with Parent/Guardian2 only

### PARENT/GUARDIAN INFORMATION

<b>PG1</b>	Last name	First name	Relationship to student
	Residential address		
	Mailing address (if different from above)		
	Email		
	Phone: Home	Mobile	Work

<b>PG2</b>	Last name	First name	Relationship to student
	Residential address		
	Mailing address (if different from above)		
	Email		
	Phone: Home	Mobile	Work

### TEMPORARY CARE ARRANGEMENTS

**Temporary change of address and/or carer from** \_\_\_/\_\_\_/\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_

Carer's last name	First name	Relationship to student
Residential address		
Mailing address (if different from above)		
Email address		
Phone: Home	Mobile	Work
Parent Signature		Date



**EMERGENCY CONTACT DETAILS**

Priority	Name	Relationship to Student	Contact Phone Numbers
1			Home Work Mobile
2			Home Work Mobile
3			Home Work Mobile
4			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 <input type="checkbox"/> Yes <input type="checkbox"/> No	I have provided a copy of current Court Orders <input type="checkbox"/> Yes <input type="checkbox"/> No
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**FINANCIAL PAYMENT RESPONSIBILITIES**

**Future invoices are changed to the following custodial parent:**

Name of Parent/Guardian accepting responsibility for financial expenses of student

Signature of Parent/Guardian accepting responsibility for financial expenses of student \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL CONDITIONS**

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. All necessary medication needs to be labelled by a Medical Practitioner.

Medical Condition

Symptoms

Management

Medical Practitioner

**SIGNATURE – AUTHORITY OF PARENT/GUARDIAN IS REQUIRED**

Name of person completing form - must be listed as parent/ carer on school records	<b>Office Use Only</b> IF NAME CODE IS CHANGED FINANCIAL RECORDS MUST BE CLOSED UNDER THAT NAME BEFORE ADJUSTMENTS ARE MADE  <b>YR 11 AND 12 STUDENTS - COPY TO BE GIVEN TO SENIOR SCHOOLING</b> ...../...../..... SIGNED.....  <b>QCAA DATA SYSTEM UPDATED</b> ...../...../..... SIGNED.....  <b>FINANCIAL RECORDS UPDATED N/A</b> ...../...../..... SIGNED.....  <b>CHANGE COMPLETED ON ONESCHOOL</b> ...../...../..... SIGNED.....
Relationship to student	
Signature	
Date	