

Change of Student Personal Details

(only complete questions for which there is a change)

| Personal Information Protection Statement | | | | | |
|--|---|-------------------------|-----------------------|----------------------|----------------------|
| Personal Information will be collected from you for the purpose of obtaining and verifying student related details. It will be used by the Department for Education, Children and Young People for planning, and reporting authorised by the <i>Education Act 1994</i> and related State and Commonwealth Acts and Regulations. We may not be able to provide some services if the information is not provided. Disclosure of personal information is regulated by the <i>Personal Information Protection Act 2004</i> . Personal information may be disclosed to government and other authorised agencies for the purpose state above, and to health practitioners to support student health requirements. You may access your personal information by application to the Principal. You can obtain a copy of the Department's Personal Information Protection Policy on request. | | | | | |
| 1. Students Name | Surname or family name | | | | |
| | <input type="text"/> | | | | |
| | First given name | | Second given name | | |
| <input type="text"/> | | <input type="text"/> | | | |
| 2. New residential and mailing address | New residential address | | | | |
| | <input type="text"/> | | | Postcode | |
| | <input type="text"/> | | | <input type="text"/> | |
| New mailing address (if not same as above) | | | | | |
| <input type="text"/> | | | | | |
| <input type="text"/> | | | | | |
| 3. New contact details | New mobile number | | New home phone number | | |
| | - - - - - | | - - - - - | | |
| 4. New address for the parent/guardian not living with the student | New residential address for P/G not living with student | | | | |
| | <input type="text"/> | | | Postcode | |
| | <input type="text"/> | | | <input type="text"/> | |
| 5. New contact details for parent/guardian not living with the student | New mobile number | | New home phone number | | |
| | - - - - - | | - - - - - | | |
| 6. New emergency contact details if a parent/guardian cannot be reached in an emergency | | | | | |
| | Contact name | Relationship to student | Address | Home Phone | Mobile |
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. New medical condition details (if a student is to be given medication by the school staff, forms are available from the school office) | | | | | |
| Medical condition/s (please attach a list if insufficient space) | | | | | |
| 1 | <input type="text"/> | | | | |
| 2 | <input type="text"/> | | | | |
| 8. Do all of these changes apply to other students in the family? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| 1. | 2. | 3. | 4. | | |
| 9. Signature | | | Please sign | | |
| Relationship to student: | | | <input type="text"/> | | |
| Mother <input type="checkbox"/> Father <input type="checkbox"/> | | | Print name | | |
| Guardian <input type="checkbox"/> Other (please specify) _____ | | | <input type="text"/> | | |