

# STUDENT CHANGE OF DETAILS

**IS THIS A CHANGE IN FAMILY SITUATION?:** eg. Separation? **YES / NO**

**FAMILY NOTES** eg: change in family situation (*Note: If yes, please provide as much information as possible on the back of the form with any instruction the school needs to be aware of*)

<b>CUSTODY DETAILS – Please indicate which parent the student is residing with eg: Note: if student is in shared custody one parent is the primary care giver</b>		
<b>STUDENT NAME:</b>		<b>CARE CLASS</b>
<b>STUDENT MAILING ADDRESS DETAILS</b>		
<b>DATE FAMILY MOVED TO THE NEW ADDRESS:</b> ___ / ___ / ___		
<b>Street:</b>		
<b>Suburb:</b>		<b>Email:</b>
<b>Postcode:</b>		
<b>PARENT GUARDIAN 1 DETAILS</b>		
<b>Name:</b>		<b>Relationship to student:</b>
		<b>Email:</b>
<b>Occupation:</b>	<b>Phone (H):</b>	<b>Mobile:</b>
<b>Work Place:</b>	<b>Phone (W):</b>	<b>Mobile:</b>
<b>Bank Details: BSB:</b> ___ - ___ <b>Account Number:</b> _____		
<b>Account Name:</b> _____		
<b>PARENT GUARDIAN 2 DETAILS</b>		
<b>Name:</b>		<b>Relationship to student:</b>
		<b>Email:</b>
<b>Occupation:</b>	<b>Phone (H):</b>	<b>Mobile:</b>
<b>Work Place:</b>	<b>Phone (W):</b>	<b>Mobile:</b>
<b>Bank Details: BSB:</b> ___ - ___ <b>Account Number:</b> _____		
<b>Account Name:</b> _____		
<b>FINANCIAL ALLOCATION: Which parent is to receive 100% financial allocation – receive invoices/refunds for payments eg: school SRS, school excursions, etc.</b>		
Parent Guardian 1 <input type="checkbox"/>		Parent Guardian 2 <input type="checkbox"/>
<b>EMERGENCY CONTACTS OTHER THAN GUARDIANS</b>		
<b>Contact Name:</b>		<b>Phone (H):</b>
<b>Relationship to Student:</b>		<b>Phone (W):</b> <b>Mobile:</b>
<b>Contact Name:</b>		<b>Phone (H):</b>
<b>Relationship to Student:</b>		<b>Phone (W):</b> <b>Mobile:</b>
_____ <b>SIGNATURE OF GUARDIAN</b>		_____ <b>NAME OF GUARDIAN</b>
<i><b>NOTE: If the change is the student living with someone other than parents the parents need to sign this form. If not the school will contact the parent to verify.</b></i>		