

# CHANGE OF DETAILS FORM

PLEASE COMPLETE SECTIONS THAT REQUIRE UPDATING, SIGN AND RETURN TO THE SCHOOL OFFICE



**CHANCELLOR  
STATE COLLEGE**

*The best we can be*

**Student/s Details – Add additional siblings if these changes apply**

Surname	First Name	Year Level
1.		
2.		
3.		
Residential Address:		
Postal Address (if different from Residential Address):		

**SHOULD A SHARED PARENTAL CARE FAMILY REQUEST A CHANGE OF RESIDENCE OR FINANCE ALLOCATION FOR YOUR CHILD/CHILDREN, THE SIGNATURES OF BOTH PARENTS ARE REQUIRED TO PROCESS THIS CHANGE.**

The second parent can email their agreement if necessary to Secondary: [office\\_sec@chancellorsc.eq.edu.au](mailto:office_sec@chancellorsc.eq.edu.au)  
or Primary: [office\\_pri@chancellorsc.eq.edu.au](mailto:office_pri@chancellorsc.eq.edu.au)

**WITH CHANGES TO PARENTAL CUSTODY, PLEASE ALSO COMPLETE THE FINANCIAL PAYMENT RESPONSIBILITY SECTION – Page 2**

## Parent/Guardian Details 1

Surname:	First Name:	Mr / Mrs / Miss / Ms
Relationship to Student:	Mother / Father / Guardian / Other:	
Residential Address: (if different from above)		
Postal Address: (if different from above)		
Mobile Phone:	Home Phone:	
Email Address:	Work Phone:	
Occupation:	Work Location:	
Do you wish to receive correspondence (e.g. Report Cards, emails, Electronic Newsletter, SMS)?		YES / NO
Do you wish to be listed as an Emergency contact?		YES / NO
Parent/Guardian Signature:		Date:

## Parent/Guardian Details 2

Surname:	First Name:	Mr / Mrs / Miss / Ms
Relationship to Student:	Mother / Father / Guardian / Other:	
Residential Address: (if different from above)		
Postal Address: (if different from above)		
Mobile Phone:	Home Phone:	
Email Address:	Work Phone:	
Occupation:	Work Location:	
Do you wish to receive correspondence (e.g. Report Cards, emails, Electronic Newsletter, SMS)?		YES / NO
Do you wish to be listed as an Emergency contact?		YES / NO
Parent/Guardian Signature:		Date:

**Emergency Contacts** (Do not include yourself or spouse/partner as you are already listed)

Priority	Name	Relationship to Student	Contact Phone Numbers
1			Work: Mobile:
2			Work: Mobile:
3			Work: Mobile:

**Do any Current Emergency Contacts need to be removed? YES / NO**

Names: \_\_\_\_\_

**Custody / Access Details**

Are there any current Family Court or other Court Orders concerning the welfare, safety or parenting arrangements of your child/children:	YES / NO
I have provided a copy of current Court Order:	YES / NO
Details:	

**Financial Payment Responsibilities**

<b>I request that invoices are changed to the following custodial parent:</b>	
1.Name of Parent/Guardian <b>accepting responsibility</b> for financial expenses of student _____	2.Name of Parent/Guardian <b>relinquishing responsibility</b> for financial expenses of student _____
1.Signature of Parent/Guardian <b>accepting responsibility</b> for financial expenses of student _____ Date: _____	2.Signature of Parent/Guardian <b>relinquishing responsibility</b> for financial expenses of student _____ Date: _____

**Medical Conditions** (e.g. Asthma, Allergies etc.)

If your child needs to take medication during school hours, an Authority to Administer Medication Form will need to be submitted each year and retained at First Aid. An Individual Health Plan will also need to be submitted if relevant to your child's medical condition. All medication needs to be labelled by a Medical Practitioner.
Medical Condition:
Symptoms:
Management:

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Symptoms:
Management: