

CHANGE OF DETAILS FORM

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



**CHANCELLOR
STATE COLLEGE**

The best we can be

Student Details

Surname:	First Name:	Year Level:
Residential Address:		
Postal Address (if different from Residential Address):		
Is this student(s) supported by the Special Education Unit (SEU)?		YES / NO

Do these changes apply to any other siblings enrolled at Chancellor State College? Yes No

If Yes, name and current year level of sibling/s: _____

IF THERE IS A CHANGE IN PARENTAL CUSTODY, PLEASE ALSO COMPLETE FINANCIAL PAYMENT RESPONSIBILITY SECTION

Parent/Guardian Details 1

Surname:	First Name:	Mr / Mrs / Miss / Ms Gender: M / F
Relationship to Student:	Mother / Father / Guardian / Other:	
Residential Address: (If different from above)		
Postal Address: (if different from above)		
Home Phone:	Mobile Phone:	
Occupation:	Work Location:	Work Phone:
Email Address:		
Do you wish to receive correspondence (eg Report Cards, Electronic Newsletter)?		YES / NO
Parent/Guardian Signature:		Date:

Parent/Guardian Details 2

Surname:	First Name:	Mr / Mrs / Miss / Ms Gender: M / F
Relationship to Student:	Mother / Father / Guardian / Other:	
Residential Address: (If different from above)		
Postal Address: (if different from above)		
Home Phone:	Mobile Phone:	
Occupation:	Work Location:	Work Phone:
Email Address:		
Do you wish to receive correspondence (eg Report Cards, Electronic Newsletter)?		YES / NO
Parent/Guardian Signature:		Date:

Please complete Page 2 on reverse.

Emergency Contacts (Important: Do not include yourself or spouse/partner)

Priority	Name	Relationship to Student	Contact Phone Numbers
1			Home: Work: Mobile:
2			Home: Work: Mobile:
3			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:	YES / NO
I have provided a copy of current Court Order:	YES / NO
Details:	

Financial Payment Responsibilities

I request that 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 (eg Asthma, Allergies etc)

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:

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