

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/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, WE REQUIRE THE SIGNATURES OF BOTH PARENTS TO PROCESS THIS CHANGE

The second parent can email their agreement if necessary to Secondary: office_sec@chancellorsc.eq.edu.au
or Primary: 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)		As above: Y / N
Postal Address: (if different from above)		As above: Y / N
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)		As above: Y / N
Postal Address: (if different from above)		As above: Y / N
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:

Please complete Page 2 on reverse.

Emergency Contacts (Important: 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 we need to remove any Current Emergence Contacts? 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

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

Medical Conditions (e.g. 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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Symptoms:
Management: