

STUDENT DETAILS UPDATE FORM

STUDENT DEMOGRAPHIC DETAILS

DATE SUBMITTED TO SCHOOL / /

Legal family name			
Legal given names (as per birth certificate)			
Preferred family name		Preferred given name	

STUDENT ADDRESS DETAILS

Principal place of residence				
Address line 1				
Suburb		State		Postcode
Mailing address (if it is the same as principal place of residence, write 'AS ABOVE')				
Address line 1				
Suburb		State		Postcode

PARENT/CARER DETAILS (Mobile phone number and Email address are essential for communication purposes)

Parent/Carers	Parent/carer 1	Parent/carer 2
Family name		
Given names		
Relationship to student		
Is the parent/carer an emergency contact?		
1 st Phone contact number	Work/home/mobile	Work/home/mobile
2 nd Phone contact number	Work/home/mobile	Work/home/mobile
3 rd Phone contact number	Work/home/mobile	Work/home/mobile
Email Address		
Employer/Occupation		
Country of Birth		
Country of Residence		
Residential address		
Address line 1		
Suburb, State, Postcode		
Postal address if different from residential address		
Address line 1		
Suburb, State, Postcode		

EMERGENCY CONTACT

	Emergency Contact	Emergency Contact
Name		
Relationship to student		
1 st Phone contact number	Work/home/mobile	Work/home/mobile
2 nd Phone contact number	Work/home/mobile	Work/home/mobile

STUDENT DETAILS UPDATE FORM – NAME OF STUDENT

COURT ORDERS

Are there any current Family Court or other court orders concerning the welfare, safety or parenting arrangements of your child/children? Please provide a copy of any relevant court order(s).

MEDICAL DETAILS

My child does not have any known medical conditions	YES / NO
Medical Condition (including allergies/sensitivities), symptoms and management.	
Medical Condition (including allergies/sensitivities), symptoms and management.	
Medical Condition (including allergies/sensitivities), symptoms and management.	

	Parent/carer 1	Parent/carer 2
Signature		
Date		

OFFICE USE ONLY

Signature of Administration staff may be required under certain circumstances.

Principal/Deputy Principal	
Signature	
Date	

Date Details Updated on OneSchool: _____ by - Staff Initials: _____

Once details are updated this form is to be placed on the student file.