



# Change of Details Form

Please complete the form below and return to Frenchville State School office to ensure accuracy of your details.



Student Name/s	Class	Student Name/s	Class

**If you are adding a new Parent/Guardian to your child/ren's enrolment please complete the Family Details section on the back of this page.**

	Parent/Guardian 1 Details	Parent/Guardian 2 Details
<b>Name:</b>		
<b>Relationship to student:</b>		
<b>Occupation:</b>		
<b>Work Place:</b>		
<b>Phone:</b>	<b>Phone 1:</b> <input type="text"/>	<b>Phone 1:</b> <input type="text"/>
	<b>Phone 2:</b> <input type="text"/>	<b>Phone 2:</b> <input type="text"/>
	<b>Phone 3:</b> <input type="text"/>	<b>Phone 3:</b> <input type="text"/>
<b>Email:</b>		
<b>Emergency Contact:</b>	Y / N	Y / N
<b>Receives SMS:</b>	Y / N	Y / N
<b>Receives Correspondence:</b>	Y / N	Y / N
<b>Resides with Student</b>	Y / N	Y / N
<b>Address:</b>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
<b>Postal Address:</b>	<input type="text"/>	<input type="text"/>
Do you wish to receive Report Cards if the family is separated? If yes please provide email or forwarding address.	Y / N <input type="text"/>	Y / N <input type="text"/>

**The changes made to the address or parent contact details on this form will update the information of your child/ren attending any other Queensland state school.**

**The above Parents/Guardians will be Emergency Contacts. Please add any further names below.**

Priority	Contact Name	Relationship to Student	Phone
1			
2			
3			

**\*\*Remove Current Emergency Contacts (parent/guardians will remain):** Y / N

<b>Medical Conditions</b>	(Additional forms may be requested if your child/ren require medication at school)
<b>Medical Condition:</b>	<input type="text"/>
<b>Symptoms:</b>	<input type="text"/>
<b>Management:</b>	<input type="text"/>

**Parents/Guardian Authorisation**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ADDITIONAL INFORMATION PLEASE TURN OVER**

**IF THERE IS A CHANGE TO PARENTAL CUSTODY, PLEASE COMPLETE THE SECTION BELOW.**

**Custody / Access Details**

Are there any current Family Court or other Court Orders concerning the welfare, safety or parenting arrangements of your child/ren? Y / N

I have provided a copy of the current Court Order Y / N

Details:

**Family Notes**

Large empty box for family notes.

**New Parent/Guardian Family Details**

<b>Name:</b>			
<b>Employer:</b>			
<b>Occupation:</b>			
<b>Occupation Group (please tick)</b>			
<input type="checkbox"/> <b>Group 1:</b> Senior management in large business organisation, government administration and defence, and qualified professionals	<input type="checkbox"/> <b>Group 2:</b> Other business managers, art/media/sportspersons and associate professionals	<input type="checkbox"/> <b>Group 3:</b> Tradesmen/women, clerks and skilled office, sales & service	<input type="checkbox"/> <b>Group 4:</b> Machine operators, hospitality staff, assistants, labourers and related workers
<input type="checkbox"/> <b>Group 8:</b> Not in paid work in the last 12 months			
<b>School Education Level (please tick):</b>			
<input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 12 or equivalent
<b>Non-School Education Level (please tick):</b>			
<input type="checkbox"/> Certificate I to IV (incl. trade)	<input type="checkbox"/> Advanced diploma/Diploma	<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> No non-school qualification
<b>Country of birth</b>		<b>Is the Parent/Carer and Australian Citizen</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Country of residence</b>		<b>Is the Parent/Carer a permanent resident of Australia</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Language other than English</b>			
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes, other – please specify _____		Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Office Use Only:</b>	
OneSchool <input type="checkbox"/>	Initial/Date: _____