



Beerwah State High School

Change of Details Form

This form is to update student details at Beerwah State High School. A parent/carer must complete and sign this form.

Student Details - (PLEASE COMPLETE THIS SECTION - MANDATORY)

Legal Family Name			
Legal Given Name			
Preferred Family Name			
Preferred Given Name			
Date of Birth	/ /	Details Changed	Yes <input type="checkbox"/> No <input type="checkbox"/>

Address Details – Previous Address STUDENT MOTHER FATHER OTHER: _____

Please list any associated siblings also affected:

Residential

Address Line 1			
Address Line 2			
Suburb/Town		State	Postcode

Postal

Address Line 1			
Address Line 2			
Suburb/Town		State	Postcode

Address Details – New/Current Address STUDENT MOTHER FATHER OTHER: _____

Residential

Address Line 1			
Address Line 2			
Suburb/Town		State	Postcode

Postal

Address Line 1			
Address Line 2			
Suburb/Town		State	Postcode

Court/Custody 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 current court orders.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Financial Payment Responsibilities

Name of Parent/Carer responsible for Financial expenses		
Signature of Parent/Carer responsible for Financial expenses		€ Mother € Father

Parent/Carer Contact Details

	Parent / Carer 1	Parent / Carer 2
Name		
Relationship (eg. Aunt)		
Contact Phone Number 1	Mobile	Mobile
Contact Phone Number 2	Home	Home
Contact Phone Number 3	Work	Work
Email Address		

Emergency Contact Details

Please delete current emergency contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency Contact Name		
Emergency Contact Name		

New Emergency Contact Details

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship (eg. Aunt)		
Contact Phone Number 1	Mobile	Mobile
Contact Phone Number 2	Home	Home
Contact Phone Number 3	Work	Work
Email Address		

I agree that I am the Parent or Carer of the student listed. By signing this form I agree that the information given is true and correct.

	Parent / Carer 1	Parent / Carer 2
Name		
Signature		
Date	/ /	/ /

Change of Bank Account Details

Account Name	
BSB	
Account Number	