



Student Change of Details Form

Student Details

Please list all students at Springfield Central State High School these changes are applicable to:

Family Name:	Given Name:	Preferred Name:	Year:
Family Name:	Given Name:	Preferred Name:	Year:
Family Name:	Given Name:	Preferred Name:	Year:

Parent / Carers Details - (Please complete relevant details only)

	Parent / Carer 1		Parent / Carer 2	
Family Name				
Given Name				
Relationship to Student				
Mobile Number				
Home Number				
Work Number				
Email Address:				
Address Line 1				
Address Line 2				
Suburb / Postcode				
Occupation				
School Education Level				
Non-School Education Level				
Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resides with Student	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receives Correspondence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receives SMS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Student Medical Information: (including allergies)

Medical condition(s): _____

Symptoms: _____

Management: _____

Medication: _____

Is there an Individual Management Plan available for your student if necessary for anaphylaxis, diabetes, asthma, epilepsy or other conditions?

Yes No *(If yes, please provide a copy to the school)*

If student is taking medication, a letter is required from Doctor/Parent with dosage details of medication. Medication MUST be supplied in original packet/bottle with label from pharmacy and all required school documentation will need to be completed.



Emergency Contacts

<p style="text-align: center;">Emergency Contact</p> <p>Priority Number: _____</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Relationship to Student: _____</p>	<p style="text-align: center;">Emergency Contact</p> <p>Priority Number: _____</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Relationship to Student: _____</p>
<p style="text-align: center;">Emergency Contact</p> <p>Priority Number: _____</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Relationship to Student: _____</p>	<p style="text-align: center;">Emergency Contact</p> <p>Priority Number: _____</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Relationship to Student: _____</p>

Consent

By signing this form, you are confirming that all information is true and correct.

Parent / Carer Name: _____

Parent / Carer Signature: _____

Effective Date: ____ / ____ / ____

Finance Agreement

Parent / Carer responsible for student/s finances while enrolled at Springfield Central State High School.

Parent / Carer Name: _____

Parent / Carer Signature: _____

Effective Date: ____ / ____ / ____

Please email to admin@springfieldcentralshs.eq.edu.au

ADMINISTRATION OFFICE USE ONLY	FINANCE OFFICE USE ONLY
Date Received:	Date Received:
Date Entered into OneSchool:	Date Entered into OneSchool:
Administration Officer Signature:	Finance Officer Signature: