



WOOLGOOLGA HIGH SCHOOL
CHANGE OF DETAILS
DEPUTY PRINCIPAL APPROVAL REQUIRED

PLEASE INDICATE WHICH INFORMATION HAS CHANGED WITH A TICK IN THE APPROPRIATE BOX

- | | | |
|---|---|--|
| <input type="checkbox"/> PARENT/CARER | <input type="checkbox"/> STUDENT NAME CHANGE | <input type="checkbox"/> EMERGENCY CONTACT |
| <input type="checkbox"/> LIVING CIRCUMSTANCES | <input type="checkbox"/> ADDRESS – RESIDENTIAL OR MAILING | <input type="checkbox"/> COURT ORDERS IN PLACE |

STUDENTS NAME

YEAR

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

PARENT/CARER 1 (LIVING WITH STUDENT)

Name _____
Contact Nos. _____
New Address _____
Email _____
Relationship to student _____

PARENT/CARER 2 (LIVING WITH STUDENT)

Name _____
Contact Nos. _____
New Address _____
Email _____
Relationship to student _____

Living Circumstances Changes/Any additional information e.g. Name change (which needs to be supported with legal documentation)

PARENT/CARER 3 WHO DOES NOT LIVE WITH THE STUDENT

Name _____ Shared Responsibility
Relationship to student _____ Receive Correspondence
Address _____
Contact Nos. _____

EMERGENCY CONTACT 1 (other than parent/carer)

Name _____
Relationship to student _____
Contact Phone No. _____

EMERGENCY CONTACT 2 (other than parent/carer)

Name _____
Relationship to student _____
Contact Phone No. _____

AUTHORISING PARENT/CARER

Name _____ Signature _____ Date _____

Office Use

Approved by: Deputy Principal Name _____ Signature _____

Initial and Date ERN

BLUE CARD