



DAKABIN STATE HIGH SCHOOL STUDENT - CHANGE OF DETAILS FORM

STUDENT NAME: _____ YEAR LEVEL: _____ DATE: ____/____/____

Please list the names of siblings attending this school under the same guardianship who also require change of details

STUDENT NAME	YEAR LEVEL
1.	
2.	

Please complete only those details which have changed

Parent / Guardian 1

Parent / Guardian 2

Relationship to student: _____

Relationship to student: _____

Name: _____

Name: _____

Address: _____

Address: _____

Occupation: _____

Occupation: _____

Work Location: _____

Work Location: _____

Telephone: Work: _____

Telephone: Work: _____

Home: _____

Home: _____

Mobile: _____

Mobile: _____

Email: _____

Email: _____

Parent/Guardian 1 Signature: _____

Parent/Guardian 2 Signature: _____

Parent / Guardian 1	Parent / Guardian 2
Are you responsible for the payment of School Fees? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you responsible for the payment of School Fees? Yes <input type="checkbox"/> No <input type="checkbox"/>

Student Address:	
Mailing Address: <i>(if different from above)</i>	

EMERGENCY CONTACTS: *Please provide the names of at least two Emergency Contacts (not including Parents/Guardians) who are able to collect student/s from school if a Parent/Guardian cannot be contacted. Please note - Emergency contacts previously listed will be deleted unless listed here.*

Name	Relationship	Contact No.
1.		Home: Mobile:
2.		Home: Mobile:

Changes to Family Situation	
Student/s now living with:	
Access Details: (Mother/Father access etc.) <i>Please attach custody orders (if any)</i>	
Current Parent/Guardian Signature):	<p style="text-align: center;">_____</p> <p><i>Please note- signature MUST be from the Parent/Guardian(s) who are currently on our database and/or completed the original enrolment form not the new Parent/Guardian(s) listed above.</i></p>