

Roma State College Change of Details Form

This form is to update student details at Roma State College. A parent/carer must complete and sign this form. If the medical details of a student have changed please fill in a Student Medical Form (available from the office).

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 No

Residential Address Details – Current Address

Address Line 1				
Address Line 2				
Suburb/Town		State		Postcode

Postal Address (if different to Residential Address above)

Address Line 1				
Address Line 2				
Suburb/Town		State		Postcode

Court/Custody Orders

Is there any current Family Court or other court orders concerning the welfare, safety or parenting arrangements of your child/children?	Start date of current orders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the school have a current copy of these orders?	/ /	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical Condition

Please attach any medical diagnosis that the school does not already have on file.	Not applicable <input type="checkbox"/>
Current Medical Plan on file at school.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Religion (Primary Students only)

Please indicate below Religion/Denomination/ No Religion: _____	Permission to attend Religious Education at school Yes <input type="checkbox"/> No <input type="checkbox"/>
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EALD – English as second language

Is English the main Language spoken at home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please specify language _____	

Parent/Carer Contact Details

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

Current Emergency Contact Details

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

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

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 as at the date indicated below.

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

OFFICE USE ONLY

Details Updated	Date Updated	Entered By	Signature
Yes No	/ /		
Comments			