



CHANGE OF STUDENT DETAILS FORM

Please only complete student details and the section/s that require updating and return to Admin or email to office@springwoodshs.eq.edu.au

Student Details		
Surname:	Given Name:	Year Level:
Residential Address:		
Suburb:	Post Code:	
Postal Address (if different to Residential Address):		
Do these changes apply to any residential sibling enrolled at Springwood State High School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, name and current year level of sibling/s:		
Person Requesting Change		
Surname:	Given Name:	
Relationship to student:	Signature:	
Parent/Guardian Details 1		
Surname:	Given Name:	
Relationship to student:	Home Phone:	
Residential Address:	Mobile Phone:	
Suburb:	Postcode:	Email:
Postal Address (if different to above):		
Occupation:	Work Phone:	
Work Location:	Work Email:	
Parent/Guardian Details 2		
Surname:	Given Name:	
Relationship to student:	Home Phone:	
Residential Address:	Mobile Phone:	
Suburb:	Postcode:	Email:
Postal Address (if different to above):		
Occupation:	Work Phone:	
Work Location:	Work Email:	



Emergency Contacts (Do not include yourself or your spouse/partner):			
Priority	Name	Relationship to Student	Contact Phone Numbers
1			Home: Work: Mobile:
2			Home: Work: Mobile:
3			Home: Work: Mobile:

Custody/Access Details		
Are there any current Family Court or other Court orders concerning the welfare, safety or parenting arrangements of your child/ren?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have provided a copy of current Court Order	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:		

Medical Conditions
<i>Should your child require medication during school hours, an Individual Health Plan, including Emergency Health Plan (if relevant) and Authority to Administer Medication Form will need to be completed each year and retained at the office. All necessary medication must be labelled by a Medical Practitioner.</i>
Medical Conditions:
Symptoms:
Management:
Medical Conditions:
Symptoms:
Management:

Bank Details (for refund purposes only – eg cancelled excursion, changing schools)	
<i>Parent responsible for curriculum and other fees information only</i>	
BSB:	Account Name:
Account Number:	Signature:

Office Use Only			
Date Submitted		OneSchool Updated	
Contact on OneSchool		ID Attend email updated (for non-residential parent)	