



# Charleville State High School

## CHANGE OF DETAILS FORM

Student Name	Year Level

**Student Details:**

Student Address	
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**Parents / Carer Details**

	1st Parent / Guardian	2nd Parent / Guardian
Given Name		
Family Name		
Relationship (eg.Mother)		
Home Phone / Mobile		
Email Address		
Occupation		
Work Location		
Work Phone / Mobile		
Resides with Student	Yes / No	Yes / No
Receives SMS	Yes / No	Yes / No
Receives Correspondence	Yes / No	Yes / No
Emergency Contact	Yes / No	Yes / No
Please indicate if you are responsible for payment of school fees	Yes / No	Yes / No
Parent Address (if different to student)		

**Emergency Contacts other than parent – Parent always first point of call unless custody order in place**

Name		
Relationship to student		
Contact Numbers		

**Any other Change to Family Circumstances (eg Court/Custody Orders)**


<b>Parent / Carer Signature:</b>	<b>Date:</b>
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