



# CALOUNDRA STATE HIGH SCHOOL

Phone: 5436 8444

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### OFFICE USE ONLY

Date: / /

Entered by:.....

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## CHANGE OF ENROLMENT DETAILS

This section is to be completed by Parent/Caregiver.

| Parent/Caregiver Name | Relationship to Student | Phone Number |
|-----------------------|-------------------------|--------------|
|                       |                         |              |

Please select the applicable changes from the list below:

- Change of contact numbers, including email address
- Change of address
- Change of relationship details
- Change of Custody Details
- Change of Emergency Contacts
- Change of Medical Information
- Change in parent/guardian fee allocation
- Independent Student Status – please provide proof of independent living
- I would like to receive the school newsletter

Student details: (Please list all siblings these changes apply to)

| Surname | Given Name | Date of Birth | Year Level | Independent |
|---------|------------|---------------|------------|-------------|
|         |            |               |            | Yes/No      |
|         |            |               |            | Yes/No      |
|         |            |               |            | Yes/No      |
|         |            |               |            | Yes/No      |

### Parent/Caregiver 1

|                     |                 |            |              |                                |
|---------------------|-----------------|------------|--------------|--------------------------------|
| Mr/Mrs/Miss/Ms      | Surname         | Given Name | Relationship | Resides with student<br>Yes/No |
| Home Phone          | Personal Mobile | Work Phone | Work Mobile  | Email                          |
| Residential Address |                 |            |              |                                |
| Postal Address      |                 |            |              |                                |

### Parent/Caregiver 2

|                     |                 |            |              |                                |
|---------------------|-----------------|------------|--------------|--------------------------------|
| Mr/Mrs/Miss/Ms      | Surname         | Given Name | Relationship | Resides with student<br>Yes/No |
| Home Phone          | Personal Mobile | Work Phone | Work Mobile  | Email                          |
| Residential Address |                 |            |              |                                |
| Postal Address      |                 |            |              |                                |

**Change of custody details** (please provide a copy of current custody orders)

|  |
|--|
|  |
|--|

**Change of Emergency Details** – (Parent/Caregiver 1 & 2 are automatically emergency contacts)

| Contact Name | Relationship to student | Phone Numbers    |
|--------------|-------------------------|------------------|
|              |                         | Home:<br>Mobile: |
|              |                         | Home:<br>Mobile  |

**Change of Medical Details:**

| Medical Condition     | Symptoms and Treatment |
|-----------------------|------------------------|
|                       |                        |
|                       |                        |
| Doctor/Medical Centre | Phone Number           |
|                       |                        |

**Parent/Caregiver Fee Allocation**

| Parent Name | Percentage of fee allocation | Signature |
|-------------|------------------------------|-----------|
|             |                              |           |
|             |                              |           |

Other relevant family information to be documented:

.....  
 .....

I hereby declare that the information given in this Change of Enrolment Details Form is true and correct at the date of completion.

.....  
 Parent/Caregiver

.....  
 Date