

Change of Student Personal Details

(Only complete questions for which there is a change)

Personal Information Protection Statement

Personal information will be collected from you for the purpose of obtaining and verifying student related details. It will be used by the Department of Education for planning, and reporting authorised by the *Education Act 1994* and related State and Commonwealth Acts and Regulations. We may not be able to provide some services if the information is not provided. Disclosure of personal information is regulated by the *Personal Information Protection Act 2004*. Personal information may be disclosed to government and other authorised agencies for the purpose stated above, and to health practitioners to support student health requirements. You may access your personal information by application to the Principal. You can obtain a copy of the Department's Personal Information Protection Policy on request.

1. Student's name		Surname or family name <input type="text"/>	
		First given name <input type="text"/>	Second given name <input type="text"/>
2. Change of student independent status Is the student now independent? Yes <input type="checkbox"/> (see below)			
<p>Many students under 18 view themselves as being independent. However, personal choice is not sufficient. Independent students usually live independently, support themselves financially, and live away from their parents or guardians.</p> <p>For this purpose a student is only deemed independent if they provide one of the types of evidence below:</p> <ol style="list-style-type: none"> Evidence of Centrelink payment, thereby meeting Centrelink criteria. Current Youth Allowance, Austudy or ABSTUDY Notice of Assessment that clearly indicates the student is receiving the independent rate. A document signed by the parent or guardian to say that the student is independent (some schools will have a special form for this). Original rental or utility documents (for example: Aurora Energy or Telstra bill) in the student's name, together with a letter from the school's social worker or guidance officer attesting to the student's independent status. 			
3. Student's new residential address and telephone details		New residential address (NOT a PO Box number) <input type="text"/>	
<ul style="list-style-type: none"> The residential address cannot be a PO Box number 		Postcode <input type="text"/>	
		Telephone number <input type="text"/>	Mobile telephone number <input type="text"/>
4. Student's new mailing address		New mailing address <input type="text"/>	
Same as Question 3? Yes <input type="checkbox"/>		Postcode <input type="text"/>	
No <input type="checkbox"/> Complete this section		Telephone number <input type="text"/>	Mobile telephone number <input type="text"/>
5. Student's new term address		New mailing address <input type="text"/>	
Same as Question 3? Yes <input type="checkbox"/>		Postcode <input type="text"/>	
Same as Question 4? Yes <input type="checkbox"/>		Telephone number <input type="text"/>	Mobile telephone number <input type="text"/>
Office use only			
Date entered:		Data entered by:	Change data for all students in this family? Yes <input type="checkbox"/>
Medication forms attached: Yes <input type="checkbox"/>		Additional information provided: Yes <input type="checkbox"/>	Independent status sighted: Yes <input type="checkbox"/>

6. New address for the parent or guardian not living with the student	New address for P/G not living with the student		Postcode
	<input type="text"/>		<input type="text"/>
	Telephone number	Mobile telephone number	

7. **New emergency contact details** if a parent or guardian cannot be reached in an emergency

Contact name	Relationship to the student	Address	Work phone	Home phone	Mobile
1					
2					
3					

8. **New doctor or clinic details**

Doctor name or clinic	Address	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. **New medical condition details** (If a student is to be given medication by the school staff or has a severe allergy, written notification is required. Forms are available from the school office.)

Medication condition (Please attach a list if insufficient space)

1	<input type="text"/>
2	<input type="text"/>

10. **Student's new travel details**

▪ Do not include Metro buses

Travels by bus Yes Travels by car Yes Travels by taxi Yes

Bus details

Which bus does the student catch to come to school?	<input type="text"/>
Which bus does the student catch to go home from school?	<input type="text"/>

11. **New workplace details for the first parent or guardian**

First parent or guardian's name

Name of workplace

Work telephone number Work mobile number

12. **New workplace details for the second parent or guardian**

Second parent or guardian's name

Name of workplace

Work telephone number Work mobile number

13. Do all of the changes above apply to other students in the family? Yes No (Complete a separate form or tell the school about the differences)

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>	4. <input type="text"/>
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14. **Signature**

Relationship to the student:
 Mother Guardian
 Father Other-please specify _____

Please record these changes in the school's records.
Signed: _____
Please print name: _____ Date: _____