



## Change of Details Form

Please return completed form to the school office or via email to [office@pineriversshs.eq.edu.au](mailto:office@pineriversshs.eq.edu.au) – remember to provide appropriate evidence where required.

**Any changes to custody details must be accompanied by legal documentation.**

### Student Details

*Please list all students these changes are applicable to*

Given Name	Family Name	Preferred Name	Form Class

### Parent/Carers Details

*Please complete relevant details only that you wish to be changed.*

*Any blank fields will not be updated in our system and could contain out of date information.*

	Parent/Carer 1	Parent/Carer 2
<b>Full Name (First, Surname)</b>		
<b>Resides with student?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Relationship to student</b>		
<b>Mobile Number</b>		
<b>Home Number</b>		
<b>Work Number</b>		
<b>Email Address</b>		
<b>Home Address (Evidence Required)</b>		
<b>Occupation</b>		
<b>Responsible for Student Invoice Payments</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>All parties to sign if financial responsibility is changing.</u>	Sign: _____	Sign: _____

Emergency Contact Details	Emergency Contact 1	Emergency Contact 2
<b>Full Name (First, Surname)</b>		
<b>Relationship to student</b>		
<b>Home Phone</b>		
<b>Mobile Phone</b>		
<b>Work Phone</b>		

**Please provide details of any other changes or contact information**

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Name & Signature of person completing this form:	Date:
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## Court Orders

### Out of Care Arrangements

*Under the Child Protection Act 1999, when a Child Protection Order is approved by the Children's Court, the child is placed in out-of-home care (OOHC). Out-of-home care includes short or long term placement with an approved kinship or foster carer; in a supported independent living arrangement; in a safe house; and in residential care.*

Are any of the students listed above identified as residing in out-of-home care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what are the dates of the court order? Please provide a copy of the court order and/or the Authority to Care.	Commencement Date:    ___ / ___ / ___
	End Date:                    ___ / ___ / ___
Contact Details of the Child Safety Officer (if known)	Name: _____
	Phone Number: _____

### Family Court Orders

Are there any current orders made pursuant to the Family Law Act (1975) concerning the welfare, safety or parenting arrangements of a student listed above?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what are the dates of the court order? Please provide a copy of the current court order.	Commencement Date:    ___ / ___ / ___
	End Date:                    ___ / ___ / ___

### Other Court Orders

Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what are the dates of the court order? Please provide a copy of the current court order.	Commencement Date:    ___ / ___ / ___
	End Date:                    ___ / ___ / ___

## Medical Information

Please provide written evidence from a doctor or health professional regarding any diagnosis and treatment plans.

<p><b>Medical Condition (including allergies/sensitivities), symptoms and management.</b>  <i>Please complete a medication form if any medication is required.</i></p> <p><i>Please refer to the list of <a href="#">Medical Conditions</a> on our website</i></p>	
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**Please provide details of any other medical changes or medical information**

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Name & Signature of person completing this form:	Date:
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