

Change of Details Form

Please return completed form to the school office or via email to 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Any blank fields will not be updated in our system and could contain out of date information.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
Full Name (First, Surname)		
Resides with student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to student		
Mobile Number		
Home Number		
Work Number		
Email Address		
Home Address (Evidence Required)		
Occupation		
Responsible for Student Invoice Payments	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
Full Name (First, Surname)		
Relationship to student		
Home Phone		
Mobile Phone		
Work Phone		

Please provide details of any other changes or contact information

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.

Medical Condition (including allergies/sensitivities), symptoms and management. Please complete a medication form if any medication is required. Please refer to the list of Medical Conditions on our website	
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Please provide details of any other medical changes or medical information

Name & Signature of person completing this form:	Date:
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