



# KIRWAN STATE HIGH SCHOOL

## STUDENT DETAILS CHANGES

OFFICE USE ONLY: REFER TO MANAGE STUDENT DETAILS QUICKSTEPS  
YR 10, 11 AND 12 COPY SENT TO DATA CAPTURE (Donna)  Yes  
DATE CHANGED / / SIGNATURE

STUDENT NAME: \_\_\_\_\_ HGR: \_\_\_\_\_ YEAR LEVEL: \_\_\_\_\_

SAME CHANGES FOR SIBLINGS:  Yes  No

Name/s of siblings: \_\_\_\_\_

### ONLY COMPLETE SECTIONS BELOW WHERE INFORMATION HAS CHANGED

STUDENT RESIDENTIAL ADDRESS: INDEPENDANT STUDENT:  Yes  No

Street \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

STUDENT MAILING ADDRESS: As above

Street \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

### ONE PARENT/CARER MUST BE RESIDENTIAL UNLESS THE STUDENT IS INDEPENDANT

#### PARENT/CARER 1 DETAILS:

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Emergency Contact:  Yes  No  
Receive Text Messages:  Yes  No

Phone contact: (Circle) Personal Mobile / Work Mobile / Home / Work \_\_\_\_\_

Phone contact: (Circle) Personal Mobile / Work Mobile / Home / Work \_\_\_\_\_

Phone contact: (Circle) Personal Mobile / Work Mobile / Home / Work \_\_\_\_\_

Residential Parent  (address same as student)

Non-residential Parent  Street \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

#### PARENT/CARER 2 DETAILS:

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Emergency Contact:  Yes  No  
Receive Text Messages:  Yes  No

Phone contact: (Circle) Personal Mobile / Work Mobile / Home / Work \_\_\_\_\_

Phone contact: (Circle) Personal Mobile / Work Mobile / Home / Work \_\_\_\_\_

Phone contact: (Circle) Personal Mobile / Work Mobile / Home / Work \_\_\_\_\_

Residential Parent  (address same as student)

Non-residential Parent  Street \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

See over

**EMERGENCY CONTACTS:** (Other emergency contact details if parent/carers cannot be contacted)

New contact    Contact to replace \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone contact: (Circle) Personal Mobile / Work Mobile / Home / Work \_\_\_\_\_

Phone contact: (Circle) Personal Mobile / Work Mobile / Home / Work \_\_\_\_\_

Phone contact: (Circle) Personal Mobile / Work Mobile / Home / Work \_\_\_\_\_

New contact    Contact to replace \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone contact: (Circle) Personal Mobile / Work Mobile / Home / Work \_\_\_\_\_

Phone contact: (Circle) Personal Mobile / Work Mobile / Home / Work \_\_\_\_\_

Phone contact: (Circle) Personal Mobile / Work Mobile / Home / Work \_\_\_\_\_

New contact    Contact to replace \_\_\_\_\_

**MEDICAL CONDITIONS: (eg. Asthma, allergies etc. Symptoms and Treatments)**

Does student have a Medical Management Plan    Yes    No

Do you require a Medical Details Form                       Yes    No

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**CUSTODY DETAILS: (Are there any current Family Court or other court orders concerning the welfare, safety or parenting arrangements of your child/children? Please provide a copy of any relevant current court order)**

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**OTHER INFORMATION:**

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**FINANCIAL RESPONSIBILITY RECORD FOR SCHOOL PAYMENTS**

Parent/Caregiver's Full Name	Relationship to Student	% share of costs	Signature	Date

\_\_\_\_\_  
Parent/Carer Name

\_\_\_\_\_  
Parent/Carer Signature

\_\_\_\_\_  
Date