



KIRWAN STATE HIGH SCHOOL

2025 Student Details Change Form

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: _____ INDEPENDENT STUDENT: ☐ Yes ☐ No

Street _____

Suburb _____ Postcode _____

ONE PARENT/CAREGIVER MUST BE RESIDENTIAL UNLESS THE STUDENT IS INDEPENDENT

PARENT/CAREGIVER 1 DETAILS:

Title: _____ Name: _____

Relationship to Student: _____ Emergency Contact : ☐ Yes ☐ No

Receive Text Messages : ☐ Yes ☐ No

Phone contact: (Mobile) _____

Phone contact: (Home) _____

Phone contact: (Work) _____

Email Address: _____

Residential Parent ☐ (address same as student)

Non-Residential Parent ☐ Street _____

Suburb _____ Postcode _____

Country of Birth _____ Main Language Spoken at Home _____

Residency Status (please circle) Australian Citizen or Permanent Resident of Australia

Non-English Speaking Background ☐ Yes ☐ No Needs interpreter ☐ Yes ☐ No

Occupation Group _____ School Education Level _____

Non-School Education Level _____

PARENT/CAREGIVER 2 DETAILS:

Title: _____ Name: _____

Relationship to Student: _____ Emergency Contact : ☐ Yes ☐ No

Receive Text Messages : ☐ Yes ☐ No

Phone contact: (Mobile) _____

Phone contact: (Home) _____

Phone contact: (Work) _____

Email Address: _____

Residential Parent ☐ (address same as student)

Non-Residential Parent ☐ Street _____

Suburb _____ Postcode _____

Country of Birth _____ Main Language Spoken at Home _____

Residency Status (**please circle**) Australian Citizen **or** Permanent Resident of Australia

Non-English Speaking Background ☐ Yes ☐ No Needs interpreter ☐ Yes ☐ No

Occupation Group _____ School Education Level _____

Non-School Education Level _____

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

☐ New Contact ☐ Contact to replace _____

Name: _____ Relationship to Student: _____

Phone contact: (Mobile) _____

Phone contact: (Home) _____

Phone contact: (Work) _____

☐ New Contact ☐ Contact to replace _____

Name: _____ Relationship to Student: _____

Phone contact: (Mobile) _____

Phone contact: (Home) _____

Phone contact: (Work) _____

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

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

FINANCIAL RESPONSIBILITY RECORD FOR SCHOOL PAYMENTS:

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

OTHER INFORMATION:

_____	_____	_____
Parent/Caregiver's Signature	Parent/Caregiver's Name	Date

OFFICE USE ONLY:Year 10, 11 and 12 copy sent to data capture (Donna) ☐ Yes

Date Changed / / Signature _____