



# Hervey Bay State High School

## CHANGE OF DETAILS: Student / Parent / Emergency Contacts

STUDENT DETAILS							
Preferred given name						Year Level	
Preferred family name						DOB	
STUDENT ADDRESS / CONTACT DETAILS							
Principal place of residence address							
Address							
Suburb / town		State		Postcode			
Mailing address (if it is the same as principal place of residence, write 'AS ABOVE')							
Address							
Suburb / town		State		Postcode			
SIBLING DETAILS							
Does the student have a sibling/s attending this school or any other Queensland State School?	Yes / No If Yes, provide name of sibling/s, year level, date of birth and school.	Sibling 1 Name					
		Year Level					
		Date of Birth					
		School					
		Sibling 2 Name					
		Year Level					
		Date of Birth					
		School					
FAMILY DETAILS							
	PARENT / CARER 1				PARENT / CARER 2		
Family Name							
Given Name							
Address							
Suburb							
	State		Postcode		State		Postcode
Title	Mr / Mrs / Ms / Miss / Dr				Mr / Mrs / Ms / Miss / Dr		
Relationship to student							
1 <sup>st</sup> phone contact							
2 <sup>nd</sup> phone contact							
Email							

Parent / Carer	PARENT / CARER 1	PARENT / CARER 2
Employer's name		
Occupation		
Nominate one (1) parent / carer to receive text messages	<input type="checkbox"/>	<input type="checkbox"/>
Is the parent / carer an emergency contact?		
Resides with student		
Receives correspondence		
Country of birth		
Does parent / carer speak another language other than English at home?	No / Yes – please specify.	No / Yes – please specify.
<b>What is the highest year of primary or secondary school parent / carer has completed?</b>		
Year 9 or below	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
<b>What is the level of the highest qualification parent / carer has completed?</b>		
Certificate I to IV	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor Degree / above	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>
<b>EMERGENCY CONTACTS</b>	<b>Emergency Contact 1</b>	<b>Emergency Contact 2</b>
Name		
Relationship to student		
1 <sup>st</sup> phone contact number	Wk / Hm / Mobile:	Wk / Hm / Mobile:
2 <sup>nd</sup> phone contact number	Wk / Hm / Mobile:	Wk / Hm / Mobile:
3 <sup>rd</sup> phone contact number	Wk / Hm / Mobile:	Wk / Hm / Mobile:
<b>ADDITIONAL INFORMATION</b>		
<i>e.g. Medical information, legal arrangements:</i>		
<b>Parent / Carer Signature</b>		
	Date:	
<b>Office Use ONLY:</b>		
Date Processed		Officer's initials