



Kawana Waters State College

# STUDENT CHANGE OF ENROLMENT DETAILS

Phone: 5436 9388

OFFICE USE ONLY

Date:.....

Entered by:.....

Copy to Sibling files .....

### To be completed by Parent/Guardian

Parent/Guardian Name	Relationship to student/s	Phone Number

### Please select the applicable changes from the list below:

Change of contact numbers, including email address

Change of address

Change of relationship details Change of Custody Orders Change of Emergency

Contacts Change of Medical Information

Change in parent/guardian fee allocation Independent Student Status

I would like to receive the newsletter via email

Other .....

### Student details: (Please list all siblings these changes apply to)

Surname	Given Names	Date of Birth	Year Level	Independent Yes/No

### Parent/Caregiver 1

Title Mr/Mrs/Ms	Surname	Given Name	Relationship	Resides with student -Yes/No
Home Phone	Personal Mobile	Work Phone	Work Mobile	Email
Residential Address:				
Postal Address (if different from above):				



**Parent/Caregiver 2**

Title Mr/Mrs/Ms	Surname	Given Name	Relationship	Resides with student -Yes/No
Home Phone	Personal Mobile	Work Phone	Work Mobile	Email
Residential Address:				
Postal Address (if different from above):				

**Change of Custody details (please provide a copy of current custody orders)**

--

**Changes of Emergency details – (Parents/Caregivers 1 and 2 are automatically emergency contacts 1 and 2)**

Contact Name	Relationship to Student	Phone Numbers
3.		Home: Mobile:
4.		Home: Mobile:

**Change of Medical details**

Medical Condition	Symptoms and Treatment
<b>Doctor Information</b>	

**Other relevant family information**

--

I hereby declare that the information given in this Change of Enrolment Details form is true and correct at the time of completion.

Signed: ..... Date: .....  
(Parent/Caregiver)

Name: .....