



Cleveland District State High School Change of Details Form

Please only complete the section/s that require updating and return to the
Administration Office or email to office@clevelanddistrictshs.eq.edu.au

Student Details			
Legal family name <small>(as per birth certificate)</small>			Year Level:
Legal given name <small>(as per birth certificate)</small>			DOB ____/____/____
Preferred family name		Preferred given name	
Residential Address:			
Suburb:			Postcode
Postal Address (if different from residential address above):			
Do these changes apply to any residential sibling/s enrolled at Cleveland District SHS ? Yes / No (If yes, please list siblings below)			
Name		Year Level:	DOB ____/____/____
Name		Year Level:	DOB ____/____/____
Name		Year Level:	DOB ____/____/____
Person Requesting Change			
Surname:		Given Name:	
Relationship to Student:			
Signature:		Date submitted:	
Parent / Guardian Details			
Parents / Carers	Parent / Carer 1		Parent / Carer 2
Name			
Relationship to Student			
1 st Phone contact number	Work / Home / Mobile	Work / Home / Mobile	
2 nd Phone contact number	Work / Home / Mobile	Work / Home / Mobile	
3 rd Phone contact number	Work / Home / Mobile	Work / Home / Mobile	
Email			
Employer name			
Occupation			
Resides with Student	Yes / No (if no, please provide address below)	Yes / No (if no, please provide address below)	
Address			
Suburb / Town			
State		Postcode	State
			Postcode
Emergency Contact Details (Other emergency contact details if parents / carers above cannot be contacted)			
Emergency Contact 1 & 2 are Parent / Carer 1 & 2 above	Emergency Contact 3		Emergency Contact 4
Name			
Relationship to Student			
1 st Phone contact number	Work / Home / Mobile	Work / Home / Mobile	
2 nd Phone contact number	Work / Home / Mobile	Work / Home / Mobile	
3 rd Phone contact number	Work / Home / Mobile	Work / Home / Mobile	

(please turn to the next page to complete the form)

Custody / Access Details

Are there any current Family Court or other Court Orders concerning the welfare, safety or parenting arrangements of your child / children ?	Yes / No
I have provided a copy of the current Court Order	Yes / No
Details:	

Family Payment Responsibility / Fee Allocation

I request that invoices are changed to the following custodial parent: <i>(to be completed only if there is a change in parental custody)</i>	
Name of Parent / Guardian accepting responsibility for financial expenses of student:	
Signature of Parent / Guardian accepting responsibility for financial expenses of student	Date:

Medical Condition/s

Should your child require medication during school hours, an Individual Health Plan, including Emergency Health Plan (if relevant) or Authority to Administer Medication Form will need to be completed each year and retained at the office. All necessary medication is required to be labelled by a Medical Practitioner.
Medical Condition:
Symptoms:
Management:

Office Use Only

One School Updated	Signed:	Date:
Y12 Students only – SDCS Updated	Signed:	Date: