



Cleveland District State High School Change of Details Form

Please complete the form below 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 <input type="checkbox"/> No <input type="checkbox"/> (If yes, please list siblings below)				
Name		Year Level:	DOB ____/____/____	
Name		Year Level:	DOB ____/____/____	
Person Requesting Change				
Surname:			Given Name:	
Relationship to Student:				
Signature:			Date submitted:	
Parents / Carers Details				
If you are adding a new Parent/Carer to your child/ren's enrolment, please complete the Family Details section on page 2				
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 <input type="checkbox"/> No <input type="checkbox"/> <small>(if no, please provide address below)</small>		Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(if no, please provide address below)</small>	
Address				
Suburb / Town				
State		Postcode	State	Postcode
Emergency Contact Details (Other emergency contact details if parent / carers above cannot be contacted)				
<small>Emergency Contacts 1 & 2 are Parent / Carer 1 & 2 above</small>	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	
Remove current emergency contacts (parent/carers will remain): Yes <input type="checkbox"/> No <input type="checkbox"/>				

Please complete page 2 of this 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 <input type="checkbox"/> No <input type="checkbox"/>
I have provided a copy of the current Court Order	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 in original package and needs to be labelled by a Medical Practitioner.
Medical Condition:
Symptoms:
Management:

New Parent / Carer Family Details

Name	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	
Relationship to Student	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Phone contact number	Work / Home / Mobile	
2 nd Phone contact number	Work / Home / Mobile	
3 rd Phone contact number	Work / Home / Mobile	
Email		
Address		
Suburb / Town	State:	Postcode:
Employer Name	Occupation:	
Occupation Group (Please tick)		
<input type="checkbox"/> Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals	<input type="checkbox"/> Group 2: Other business managers, arts/media/sportspeople and associate professionals	<input type="checkbox"/> Group 3: Tradespeople, clerks and skilled office, sales and service staff
<input type="checkbox"/> Group 4: Machine operators, hospitality staff, assistants, labourers and related workers	<input type="checkbox"/> Group 5: Have not been in paid work in the last 12 months	
Country of birth	Does parent/carers speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify: _____	
Is the parent/carers an Australian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Needs interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the parent/carers a permanent resident of Australia: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Parent/carers school education: What is the highest year of schooling parent/carers has completed? <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent		
Parent/carers non-school education: What is the level of the highest qualification parent/carers has completed? <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> No non-school qualification		

Office Use Only:

<input type="checkbox"/> OneSchool Updated	Signed:	Date:
<input type="checkbox"/> Y10, 11 & 12 Students only – QCAA SMS Updated	Signed:	Date: