



## 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](mailto: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	

### Current Residential Address of Student:

Suburb:	Postcode
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### Postal Address (if different from address above):

Do these changes apply to all residential sibling/s enrolled at Cleveland District SHS? Yes  No  (If yes, please list siblings below)

Name:	Year Level:	DOB
Name:	Year Level:	DOB

Do these changes apply to all residential Parent / Carers? Yes No

Name:	
Name:	Relationship

### Parent / Carer Requesting Change

Surname:	Given Name:
Relationship to Student:	
Signature:	Date submitted:

### Updating 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 <sup>st</sup> Phone contact number	Work / Home / Mobile	Work / Home / Mobile
2 <sup>nd</sup> Phone contact number	Work / Home / Mobile	Work / Home / Mobile
3 <sup>rd</sup> 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)

Emergency Contacts 1 & 2 are <small>Parent / Carer 1 &amp; 2 above</small>	Emergency Contact 3	Emergency Contact 4
Name		
Relationship to Student		
1 <sup>st</sup> Phone contact number	Work / Home / Mobile	Work / Home / Mobile
2 <sup>nd</sup> Phone contact number	Work / Home / Mobile	Work / Home / Mobile

Remove current emergency contacts (parent/carers will remain): Yes No

**Custody / Access Details**

Are there any current Family Court of 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:**

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**Add New Parent / Carer Family Details**

Name		
Relationship to Student		Gender: Male Female
1 <sup>st</sup> Phone contact number	Work / Home / Mobile	
2 <sup>nd</sup> Phone contact number	Work / Home / Mobile	
3 <sup>rd</sup> Phone contact number	Work / Home / Mobile	
Email		
Address		
Suburb / Town	State:	Postcode:
Employer Name	Occupation:	

Occupation Group (Please tick)

<input type="checkbox"/> <b>Group 1:</b> Senior management in large business organisation, government administration and defence, and qualified professionals	<input type="checkbox"/> <b>Group 2:</b> Other business managers, arts/media/sportspeople and associate professionals	<b>Group 3:</b> Tradespeople, clerks and skilled office, sales and service staff	<b>Group 4:</b> Machine operators, hospitality staff, assistants, labourers and related workers	<b>Group 5:</b> Have not been in paid work in the last 12 months
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Country of birth		Does parent/carers speak a language other than English at home? No, English only Yes, other – please specify:
Is the parent/carers an Australian Citizen? Yes No		
Is the parent/carers a permanent resident of Australia: Yes No		Needs interpreter? Yes No

Parent/carers school education:  
What is the highest year of schooling parent/carers has completed?

Year 9 or equivalent or below     Year 10 or equivalent     Year 11 or equivalent     Year 12 or equivalent

Parent/carers non-school education:  
What is the level of the highest qualification parent/carers has completed?

Certificate I to IV (including trade certificate)     Advanced Diploma/Diploma     Bachelor degree or above     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: .....