



Update Family Information Form

Student Family Name:	Student Given Names:	Year Level:	
Student Family Name:	Student Given Names:	Year Level:	
Student Family Name:	Student Given Names:	Year Level:	

CHANGES TO BE MADE (Please tick which box/s are relevant)

Separation Living with different parent Address	Phone Number Email Medical	Emergency Contact/s Legal (Original Documentation must be sighted) Other
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ADDRESS DETAILS Home Address (The address where the student lives)

Address:			
Suburb:	State:	Postcode	

MAILING ADDRESS (If the same as Home Address please write AS ABOVE)

Address:			
Suburb:	State:	Postcode	

FAMILY DETAILS

Parent / Carer 1

Parent / Carer 2

Family Name		
Given Name		
Title (Mr/Mrs)etc.		
Relationship to Student		
Responsible for paying student SRS	YES / NO	YES / NO
Occupation		
Place of Employment		
Work Phone		
Home Phone		
Mobile		
Email Address		

BANK ACCOUNT DETAILS To refund an money we may owe you

Account Name:		
BSB:	Account Number:	
Bank:	Branch:	

PLEASE TURN PAGE OVER

EMERGENCY CONTACT

	Emergency Contact	Emergency Contact
Name		
Relationship (e.g. Aunt)		
1 st Phone Contact		
2 nd Phone Contact		
3 rd Phone Contact		

COURT ORDERS**Out of Home Care Arrangements**

Under the Child Protection Act 1999, when a Child Protection Order is approved by the Children's Court, the child is placed in out-of-home care (OOHC). Out of home care includes short or long term placement with an approved kinship or foster carer, in a supported independent living arrangement; in a safe house, and in residential care.

Is the student identified as residing in out-of-home care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, what are the dates of the court order? Please provide a copy of the court order and / or the Authority to Care.	Commencement Date: ____ / ____ / ____ End Date: ____ / ____ / ____
Contact details of the Safety Officer (if known)	Name: Phone No.:

Family Court Orders

Are there any current orders made pursuant to the Family Law Act 1975 concerning the welfare, safety or parenting arrangements of the prospective student?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, what are the dates of the court order? Please provide a copy of the court order.	Commencement Date: ____ / ____ / ____ End Date: ____ / ____ / ____

Other Court Orders

Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the student?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, what are the dates of the court order? Please provide a copy of the court order.	Commencement Date: ____ / ____ / ____ End Date: ____ / ____ / ____

TRAVEL DETAILS

Mode of transport to school	<input type="checkbox"/> Walk <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Train <input type="checkbox"/> Other
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Parent / Carer Signature: _____

Date: ____ / ____ / ____

OFFICE USE ONLY

<input type="checkbox"/> ONE SCHOOL	<input type="checkbox"/> AMEND SRS PERCENTAGE	<input type="checkbox"/> Q.C.A.A. STUDENT MANAGEMENT (Yr. 10/11/12 ONLY)
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