

Alexandra Hills State High School

Information Update Form

Only complete relevant sections that require updating.

Student Names

	Given Name	Surname	Class	DOB
1.				
2.				
3.				

Student Details

New Address:	
	Are all members of the family (including siblings at other schools) moving to this address? YES <input type="checkbox"/> NO <input type="checkbox"/>
	If no – please advise the names of the family members staying at the current address:
New medical conditions:	
New custody information:	Updated legal paperwork to support this change must be provided.

Updated Parent / Caregiver Details

For a NEW Parent to be added please see separate table on reverse

Parent / Caregiver 1 *		Parent / Caregiver 2	
Title:	Mr / Mrs / Ms / Miss / Other _____	Title:	Mr / Mrs / Ms / Miss / Other _____
Surname:		Surname:	
Given Name:		Given Name:	
Address: (if different to above)		Address: (if different to above)	
Home:		Home:	
Mobile:		Mobile:	
Work:		Work:	
Email:		Email:	
Emergency Contact 1:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Emergency Contact 2:	YES <input type="checkbox"/> NO <input type="checkbox"/>

Updated Emergency Contacts

In addition to the Parent / Caregivers listed above

	Contact 1	Contact 2	Contact 3
Name:			
Relationship:			
Home:			
Work:			
Mobile:			

Please turn over to sign the form

NEW Parent/Carer to be added

Family Name:	
Given Name:	
Title:	
Sex:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Relationship to student:	
Emergency Contact:	YES <input type="checkbox"/> NO <input type="checkbox"/>
First Phone Contact Number:	Work/Home/Mobile
Second Phone Contact Number:	Work/Home/Mobile
Third Phone Contact Number:	Work/Home/Mobile
Address:	
Email address:	
Employer Name:	
Occupation:	
Country of Birth:	
Country of Residence:	
Is the Parent an Australian Citizen?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the Parent a Permanent Resident of Australia:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Education Information:	What is the highest Year Level of high school you attended? Year:
	What is the highest Qualification you have completed? Cert 1 to 1 <input type="checkbox"/> Advance Diploma <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> No qualification <input type="checkbox"/>

	Is this parent/carers to be associated with other siblings attending this school?	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes	Name:	Year Level:
	Name:	Year Level:

Parent Name: _____ Signature: _____ Date: _____