

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> New Address           | <input type="checkbox"/> New Contact Phone Numbers   | <input type="checkbox"/> New Living Arrangements     |
| <input type="checkbox"/> Update Health Details | <input type="checkbox"/> Update Bank Account Details | <input type="checkbox"/> Update Family Circumstances |

**Parent/Carer Name** \_\_\_\_\_

**The information supplied on this form applies to:**

Student \_\_\_\_\_ Year \_\_\_\_\_ Student \_\_\_\_\_ Year \_\_\_\_\_

Student \_\_\_\_\_ Year \_\_\_\_\_ Student \_\_\_\_\_ Year \_\_\_\_\_

Student \_\_\_\_\_ Year \_\_\_\_\_ Student \_\_\_\_\_ Year \_\_\_\_\_

**Address Details**

Current Address \_\_\_\_\_

New Address \_\_\_\_\_

**Contact Details**

Old Home Phone \_\_\_\_\_ New Home Phone \_\_\_\_\_ F/M/C

Old Mobile Phone \_\_\_\_\_ New Mobile Phone \_\_\_\_\_ F/M/C

If you have changed your mobile number, do you want the School to use this number for SMS?  Yes  No

**Family Circumstances and Parent/Carer Details**

Please note here any change in family circumstances that will assist us to take better care of your child/ren.

- |   |                                    |                                     |  |
|---|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Divorced<br><small>(please attach details)</small> | <input type="checkbox"/> Separated | <input type="checkbox"/> Re-married | <input type="checkbox"/> Child's/ren's living arrangements |
|---|------------------------------------|-------------------------------------|--|

**Father/Carer's Name** \_\_\_\_\_

Work Number \_\_\_\_\_ Home Number \_\_\_\_\_ Mobile \_\_\_\_\_

Father/Carer's Email \_\_\_\_\_

**Mother/Carer's Name** \_\_\_\_\_

Work Number \_\_\_\_\_ Home Number \_\_\_\_\_ Mobile \_\_\_\_\_

Mother/Carer's Email \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Are there any other facts the School should know? (e.g. access restrictions, court orders, parenting agreements, health, social etc.)  No  Yes (Specify and attach legal copies)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health/Medical Details Update**

Child's Name \_\_\_\_\_ Class/Year \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Prescribed Medication  Yes  No If yes and/or needs to be administered at school, please complete the section below.

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

**New Bank Details or Credit Card Details**

Please note that if you have changed or updated your bank account or credit card details you may be sent a new authority form to complete for school records.

**Family Account Code** \_\_\_\_\_

Bank \_\_\_\_\_

Account Name \_\_\_\_\_

BSB Number \_\_\_\_\_ Account Number \_\_\_\_\_

Credit Card Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

**Authorised Pick Up**

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Contact Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Contact Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Address \_\_\_\_\_

**Parent/Carer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use Only**

Updated in PCSchool Date \_\_\_\_\_ Initial \_\_\_\_\_

If Applicable, Teacher Emailed Date \_\_\_\_\_ Initial \_\_\_\_\_

Accounts Notified Date \_\_\_\_\_ Initial \_\_\_\_\_