

STUDENT RECORD UPDATE FORM

(Please complete the form only where changes have occurred)



Southport State High
INDEPENDENT PUBLIC SCHOOL

Student Name: _____ Roll Class: _____

Date of change: _____

PLEASE RECORD ANY CHANGES TO YOUR STUDENTS DETAILS BELOW:

Students New Home Address:	Students New Mailing Address (if different to home address):
Address line 1:	Address line 1:
Suburb: _____ PC	Suburb: _____ PC

1. Name of Person responsible for student: _____

Relationship to student: e.g. (Mother/Father/Carer/Guardian) _____

Contact details: (H) _____ (W) _____ (M) _____

Email: _____ Occupation: _____

Name & Location of employment _____

Home Address: _____

2. Name of Person responsible for student: _____

Relationship to student: e.g. (Mother/Father/Carer/Guardian) _____

Contact details: (H) _____ (W) _____ (M) _____

Email: _____ Occupation: _____

Name & Location of employment _____

Home Address: _____

Changes to Emergency Contacts:

Emergency Contact 1 : Name _____ Ph (H) _____

Relationship to student _____ Ph (M) _____

Emergency Contact 2 : Name _____ Ph (H) _____

Relationship to student _____ Ph (M) _____

Emergency Contact 3 : Name _____ Ph (H) _____

Relationship to student _____ Ph (M) _____

Other changes: (please explain any relevant custody details regarding changes to parent/student living arrangements). If Court Order in place, please supply a copy for school records.

Print Name: _____

Relationship to student: _____

Signature: _____