

## Urangan State High School - Student Change of Contact Details

STUDENT DEMOGRAPHIC DETAILS			
LEGAL FAMILY NAME <small>(as per birth certificate)</small>		YEAR LEVEL	
LEGAL GIVEN NAME <small>(as per birth certificate)</small>		EQ ID #	
PREFERRED FAMILY NAME (if different)		PREFERRED GIVEN NAME (if different)	
STUDENT ADDRESS / CONTACT DETAILS			
<i>Principal place of residence</i>			
ADDRESS LINE 1			
SUBURB / TOWN		STATE:	POSTCODE:
<i>Mailing Address (if it is the same as principal place of residence, write "AS ABOVE")</i>			
ADDRESS LINE 1			
SUBURB / TOWN		STATE:	POSTCODE:
STUDENT MOBILE NUMBER (if applicable)			
SIBLING DETAILS			
DOES THE STUDENT HAVE A SIBLING ATTENDING A QUEENSLAND STATE SCHOOL, WHO LIVES AT THE SAME ADDRESS?	No / Yes	IF YES, PROVIDE DETAILS HERE.	NAME:
			YEAR LEVEL:
			DATE OF BIRTH:
			SCHOOL
DOES THE STUDENT HAVE A SIBLING ATTENDING A QUEENSLAND STATE SCHOOL, WHO LIVES AT THE SAME ADDRESS?	No / Yes	IF YES, PROVIDE DETAILS HERE.	NAME:
			YEAR LEVEL:
			DATE OF BIRTH:
			SCHOOL
STUDENT FAMILY DETAILS			
	<i>PARENT / GUARDIAN 1</i>		<i>PARENT / GUARDIAN 2</i>
FAMILY NAME			
GIVEN NAMES			
ADDRESS LINE 1			
SUBURB			
	STATE:	POSTCODE:	STATE:      POSTCODE:
TITLE <i>(Please circle)</i>	Mr / Mrs / Ms / Miss / Dr		Mr / Mrs / Ms / Miss / Dr
RELATIONSHIP TO STUDENT			
1 <sup>st</sup> PHONE CONTACT	Wk / Hm / Mobile		Wk / Hm / Mobile
2 <sup>nd</sup> PHONE CONTACT	Wk / Hm / Mobile		Wk / Hm / Mobile
EMAIL			
EMPLOYER NAME			
OCCUPATION			
RECEIVE TEXT MESSAGES	No / Yes		No / Yes
EMERGENCY CONTACT	No / Yes		No / Yes
RESIDES WITH STUDENT	No / Yes		No / Yes
RECEIVES CORRESPONDENCE	No / Yes		No / Yes
COUNTRY OF BIRTH			

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	PARENT / GUARDIAN 1	PARENT / GUARDIAN 2	
DOES PARENT/GUARDIAN SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?	No / Yes – other – please specify:	No / Yes – other – please specify:	
<i>What is the highest year of primary or secondary school parent/guardian has completed?</i>			
YEAR 9 OR BELOW	<input type="checkbox"/>	<input type="checkbox"/>	
YEAR 10 OR EQUIVALENT	<input type="checkbox"/>	<input type="checkbox"/>	
YEAR 11 OR EQUIVALENT	<input type="checkbox"/>	<input type="checkbox"/>	
YEAR 12 OR EQUIVALENT	<input type="checkbox"/>	<input type="checkbox"/>	
<i>What is the level of the highest qualification parent/guardian has completed?</i>			
CERTIFICATE I TO IV	<input type="checkbox"/>	<input type="checkbox"/>	
ADVANCED DIPLOMA/DIPLOMA	<input type="checkbox"/>	<input type="checkbox"/>	
BACHELOR DEGREE / ABOVE	<input type="checkbox"/>	<input type="checkbox"/>	
NO NON-SCHOOL QUALIFICATION	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EMERGENCY CONTACT DETAILS</b>			
<b>EMERGENCY CONTACT 1</b>			
NAME			
RELATIONSHIP (e.g. Aunt)			
1 <sup>st</sup> PHONE CONTACT	Wk / Hm / Mobile		
2 <sup>nd</sup> PHONE CONTACT	Wk / Hm / Mobile		
<b>EMERGENCY CONTACT 2</b>			
NAME			
RELATIONSHIP (e.g. Aunt)			
1 <sup>st</sup> PHONE CONTACT	Wk / Hm / Mobile		
2 <sup>nd</sup> PHONE CONTACT	Wk / Hm / Mobile		
<b>EMERGENCY CONTACT 3</b>			
NAME			
RELATIONSHIP (e.g. Aunt)			
1 <sup>st</sup> PHONE CONTACT	Wk / Hm / Mobile		
2 <sup>nd</sup> PHONE CONTACT	Wk / Hm / Mobile		
<b>ADDITIONAL INFORMATION</b>			
<b>PARENT / GUARDIAN SIGNATURE</b>			
	DATE:		
<b>OFFICE USE ONLY</b>			
ONESCHOOL: <input type="checkbox"/>	COMPASS: <input type="checkbox"/>	OFFICER:	DATE