



Urangan State High School - Student Change of Contact Details

STUDENT DEMOGRAPHIC DETAILS							
LEGAL FAMILY NAME <i>(as per birth certificate)</i>				YEAR LEVEL			
LEGAL GIVEN NAME <i>(as per birth certificate)</i>				EQ ID#			
PREFERRED FAMILY NAME				PREFERRED GIVEN NAME			
STUDENT ADDRESS/CONTACT DETAILS							
<i>Principle place of residence address</i>							
ADDRESS LINE 1							
SUBURB/TOWN				STATE		POSTCODE	
<i>Mailing Address (if it is the same as principle place of residence, write "AS ABOVE").</i>							
ADDRESS LINE 1							
SUBURB/TOWN				STATE		POSTCODE	
STUDENT MOBILE #							
SIBLING DETAILS							
DOES THE STUDENT HAVE A SIBLING ATTENDING THIS SCHOOL OR ANY OTHER QUEENSLAND STATE SCHOOL	No / Yes	IF YES, PROVIDE NAME OF SIBLING, YEAR LEVEL, DATE OF BIRTH AND SCHOOL	NAME:				
			YEAR LEVEL:				
			DATE OF BIRTH:				
			SCHOOL				
DOES THE STUDENT HAVE A SIBLING ATTENDING THIS SCHOOL OR AN Y OTHER QUEENSLAND STATE SCHOOL	No / Yes	IF YES, PROVIDE NAME OF SIBLING, YEAR LEVEL, DATE OF BIRTH AND SCHOOL	NAME:				
			YEAR LEVEL:				
			DATE OF BIRTH:				
			SCHOOL				
STUDENT FAMILY DETAILS							
<i>PARENT/CARER</i>	<i>PARENT/CARER 1</i>			<i>PARENT/CARER 2</i>			
FAMILY NAME							
GIVEN NAMES							
ADDRESS LINE 1							
SUBURB/TOWN							
STATE		POSTCODE		STATE		POSTCODE	
TITLE <i>(Please circle)</i>	Mr / Mrs / Ms / Miss / Dr			Mr / Mrs / Ms / Miss / Dr			
RELATIONSHIP TO STUDENT							
1 ST PHONE CONTACT	Wk/Hm/Mobile			Wk/Hm/Mobile			
2 ND PHONE CONTACT	Wk/Hm/Mobile			Wk/Hm/Mobile			
EMAIL							
EMPLOYER NAME							
OCCUPATION							
NOMINATE ONE(1) PARENT/CARER TO RECEIVE TEXT MESSAGES	No / Yes			No / Yes			
IS THE PARENT/CARER AN EMERGENCY CONTACT?	No / Yes			No / Yes			
RESIDES WITH STUDENT?	No / Yes			No / Yes			
RECEIVES CORRESPONDENCE?	No / Yes			No / Yes			
COUNTRY OF BIRTH							

<i>PARENT/CARER</i>	<i>PARENT/CARER 1</i>	<i>PARENT/CARER 2</i>
DOES PARENT/CARER SPEAK ANOTHER 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/carer 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/carer 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"/>
EMERGENCY CONTACT DETAILS		
<i>EMERGENCY CONTACT 1</i>		
NAME		
RELATIONSHIP (e.g. Aunt)		
1 st PHONE CONTACT NUMBER	Wk/Hm/Mobile	
2 nd PHONE CONTACT NUMBER	Wk/Hm/Mobile	
3 rd PHONE CONTACT NUMBER	Wk/Hm/Mobile	
<i>EMERGENCY CONTACT 2</i>		
NAME		
RELATIONSHIP (e.g. Aunt)		
1 st PHONE CONTACT NUMBER	Wk/Hm/Mobile	
2 nd PHONE CONTACT NUMBER	Wk/Hm/Mobile	
3 rd PHONE CONTACT NUMBER	Wk/Hm/Mobile	
ADDITIONAL INFORMATION		
PARENT / GUARDIAN SIGNATURE		
		DATE:
OFFICE USE ONLY:		
DATE PROCESSED	OFFICER'S INITIALS:	