

CHANGE/S TO FAMILY DETAILS NOTIFICATION FORM

Once form is complete please return to Front Reception or email to registrar@shckyneton.catholic.edu.au

FAMILY DETAILS & LIVING/CARE ARRANGEMENTS

FAMILY NAME		FAMILY CODE	
HOMEROOM	STUDENT NAME	HEALTH CARE CARD NO	
1		LIVING ARRANGEMENTS	One Parent
2			Both Parents
3		CARE ARRANGEMENTS	Joint Shared Parent Responsibility
4			Sole Parental Responsibility

ARE THERE ANY CURRENT COURT ORDERS/PARENTING PLANS RELATING TO THE STUDENT: YES NO

IF YES, A COPY OF ORDERS / PLAN MUST BE PROVIDED

DO YOU REQUIRE A SECONDARY PAM ACCOUNT: YES NO

DO YOU REQUIRE A CHANGE TO SCHOOL BUS ARRANGEMENTS: YES NO

PARENT / CARER — AS PER BIRTH CERTIFICATE

	PARENT / CARER 1	PARENT / CARER 2
GIVEN NAMES		
SURNAME		
RESIDENTIAL ADDRESS		
POSTAL ADDRESS		
HOME PHONE		
WORK PHONE		
MOBILE PHONE		
EMAIL ADDRESS		
EMPLOYER		
OCCUPATION		
RELIGION		
QUALIFICATION	Bachelor Degree or above Advanced Diploma / Diploma Certificate I to IV (inc Trade Cert) No non-school qualification	Bachelor Degree or above Advanced Diploma / Diploma Certificate I to IV (inc Trade Cert) No non-school qualification

ADDITIONAL PARENT / CARER			
SURNAME		NATIONALITY	
GIVEN NAME		OCCUPATION	
RESIDENTIAL ADDRESS		EMPLOYER	
POSTAL ADDRESS		QUALIFICATION	Bachelor Degree or Above
			Adv Diploma/ Diploma
			Certificate I - IV
			No Non-school qualifications
EMAIL ADDRESS		CONTACT ALLOWED	YES NO
HOME PHONE NO			
MOBILE NO		ARE THERE ANY ADDITIONAL COURT ORDERS RELATING TO THE STUDENT? YES NO	
COUNTRY OF BIRTH			
RELIGION			
LANGUAGE SPOKEN AT HOME			
IF YES, A COPY OF ORDERS MUST BE PROVIDED			

EMERGENCY CONTACTS (Other than Parents / Carers)			
ADD		REMOVE	
FULL NAME		FULL NAME	
WORK PH		WORK PH	
MOBILE PH		MOBILE PH	
RELATIONSHIP TO STUDENT		RELATIONSHIP TO STUDENT	

AUTHORISED BY	PARENT / CARER 1	PARENT / CARER 2
NAME		
SIGNATURE		
DATE		

FEE PAYMENT DETAILS		
Any changes to the nominated fee payers and/or their allocated fee percentage must be outlined below and signed by BOTH parties.		
FEE PAYER 1: Percentage to be paid of Fee Allocation	Enter Percentage for Fee Payer 1	%
SURNAME:	GIVEN NAME:	
POSTAL ADDRESS:		
SIGNATURE:	DATED:	
FEE PAYER 2: Percentage to be paid of Fee Allocation	Enter Percentage for Fee Payer 2	%
SURNAME:	GIVEN NAME:	
POSTAL ADDRESS:		
SIGNATURE:	DATED:	

OFFICE USE ONLY			
RECEIVED & REVIEWED BY REGISTRAR		DATE	
FINANCE ADVISED	YES NA	IT ADVISED	YES NA
ADMINISTRATION—DATE ACTIONED		ACTIONED BY	