



Fortitude Valley

State Secondary College

Change of Details Form

Please complete details to be changed and return to the Administration Office or email to info@fortitudevalleyssc.eq.edu.au

| Student Details | | | | |
|---|------------------------------|-----------------------------|--|--|
| Legal Name: <i>(as per birth certificate)</i> | | Legal Surname: | | Year Level: |
| Preferred Name: | | Preferred Surname: | | DOB ___ / ___ / ___ |
| Residential Address: | | | | |
| Suburb: | | | Postcode | |
| Postal Address (if different from residential address above): | | | | |
| Do these changes apply to any residential sibling/s enrolled at Fortitude Valley SSC? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please list siblings below) | | | | |
| Name | | Year Level: | DOB ___ / ___ / ___ | |
| Name | | Year Level: | DOB ___ / ___ / ___ | |
| Name | | Year Level: | DOB ___ / ___ / ___ | |
| Person Requesting Change | | | | |
| Surname: | | | Given Name: | |
| Relationship to Student: | | | | |
| Signature: | | | Date submitted: | |
| Parent / Guardian Details | | | | |
| Parents / Carers | Parent / Carer 1 | | Parent / Carer 2 | |
| Name | | | | |
| Relationship to Student | | | | |
| 1 st Phone contact number | | | | |
| 2 nd Phone contact number | | | | |
| Email | | | | |
| Employer name | | | | |
| Occupation | | | | |
| Resides with Student | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Part Time Arrangement <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | | | | No <input type="checkbox"/> |
| | | | | Part Time Arrangement <input type="checkbox"/> |
| Address | | | | |
| Suburb / Town | | | | |
| State | | Postcode: | State: | Postcode: |
| Emergency Contact Details (Other emergency contact details if parents / carers above cannot be contacted) | | | | |
| Emergency Contact 1 & 2 are Parent / Carer 1 & 2 above | Emergency Contact 3 | | Emergency Contact 4 | |
| Name | | | | |
| Relationship to Student | | | | |
| Phone contact number | | | | |

Please complete page 2 of this form ⇨

Custody / Access Details

Are there any current Family Court or other Court Orders concerning the welfare, safety or parenting arrangements of your child / children? Yes No

I have provided a copy of the current Court Order

Yes No

Details:

Family Payment Responsibility / Fee Allocation (to be completed only if there is a change)

| | | | |
|-------------------------------|-------|-------------------------------|-------|
| Parent / Carer 1 Name: | | Parent / Carer 2 Name: | |
| Fee Allocation: % | | Fee Allocation: % | |
| Signature: | Date: | Signature: | Date: |

Medical Condition/s

Should your child require medication during school hours, an Individual Health Plan, including Emergency Health Plan (if relevant) or Authority to Administer Medication Form will need to be completed each year and retained at the office. All necessary medication is required to be labelled by a Medical Practitioner.

Medical Condition:

Symptoms:

Management:

Office Use Only

| | | |
|--|---------|-------|
| One School Updated | Signed: | Date: |
| Y10,11 & 12 Students only – QCAA Updated | Signed: | Date: |