

Update of Family Information

Student(s) Surname

Name of Student(s) (Yr)

Please complete ALL SECTIONS

SECTION 1

Change of Details (Please tick what changes are being made)

Address Telephone Email Finance Email

SECTION 2

Change of Family Circumstances

1. Student Lives With:

- | | | |
|--|--|---|
| <input type="checkbox"/> Mother Full-time | <input type="checkbox"/> Father Full-time | <input type="checkbox"/> Both Mother & Father Full-time |
| <input type="checkbox"/> Mother Occasionally | <input type="checkbox"/> Father Occasionally | <input type="checkbox"/> Guardian Full-time |
| <input type="checkbox"/> Mother Never | <input type="checkbox"/> Father Never | <input type="checkbox"/> Guardian & Guardian Full-time |
| <input type="checkbox"/> Mother & Guardian Full-time | <input type="checkbox"/> Father & Guardian Full-time | |

2. Are there any Court Orders in place? No Yes (if Yes, please attach copies)

3. Mother/Guardian Details (delete as applicable) Father/Guardian Details (delete as applicable)

Name	Name
Current Address	Current Address
.....
New Address	New Address
.....
Email	Email
Mobile Phone	Mobile Phone
Work Phone	Work Phone

4. Name of the person who would be the School's first contact during school hours

5. Emergency Contact Name **Mobile** **Relationship to Student**

6. Parent to receive School communication: Mother Father Mother & Father Guardian

7. Email for Finance Statement

SECTION 3

Signed (Mother/Guardian): **Date:** / /

Signed (Father/Guardian): **Date:** / /

FOR OFFICE USE ONLY

Admin Assistant SEQTA AOS Date: / /