



Craigieburn Secondary College

RESPECT RESPONSIBILITY and ACHIEVEMENT in our Learning COMMUNITY

Request to change Student Details – Return to College Front Office

Parent/Guardian Signature: _____ Date: _____

Student Personal Details:			
	Surname	First Name	Date of Birth
Student 1			
Student 2			
Student 3			
Home Address			
Postal Address			
Home Telephone			
Email Address (for newsletters & notices)			

Primary Family Details: <i>(This is the family that the student lives with)</i>		
	Adult A	Adult B
Surname		
First Name		
Relationship to child		
Occupation		
Employer		
Family Occupation Code		
Language Spoken at Home		
Highest year of education completed	Year 9 and below Year 10 Year 11 Year 12	Year 9 and below Year 10 Year 11 Year 12
What is the highest qualification completed	Bachelor Degree or above Advanced Diploma/Diploma Certificate 1-1V No non-school qualification	Bachelor Degree or above Advanced Diploma/Diploma Certificate 1-1V No non-school qualification
Work phone number		
Home phone number		
Mobile phone number		
Email address		

Alternative Family Details: *(When a child is not living with both parents, please complete details of the second parent.)*

	Adult A	Adult B
Surname		
First Name		
Relationship to child		
Occupation		
Employer		
Postal Address		
Work phone number		
Home phone number		
Mobile phone number		
Email address		

Emergency Contact Details: *(a person or persons other than primary family members)*

Name			
Relationship to student			
Home phone number		Mobile phone number	
Name			
Relationship to student			
Home phone number		Mobile phone number	

Medical Conditions or Allergies:

Condition / Allergy	School Response/Management Plan

Consent to use Photo Images of Students:

Under the provisions of the Privacy Legislation, written consent from Parent/Guardians is required before any images of their children can be used. Please tick the appropriate box to indicate whether you give permission or not.	<input type="checkbox"/> I DO give permission for photos of my child to be used
	<input type="checkbox"/> I DO NOT give permission for photos of my child to be used

Office Use Only:

Date received: / /	Date entered: / /
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