

## Lowood State High School

## STUDENT DETAILS INFORMATION UPDATE

If the changes are due to change of residential parent or carer an interview **must be** conducted with a member of Administration.

Please contact the school office to arrange an interview as soon as possible.

Use this form if you have recently changed address, telephone numbers (work or home), added new emergency contacts, changed order of parent/emergency contacts, new medical conditions or any other situation the school needs to be aware of, please complete the following and return to the Lowood High School Administration Office and inform of any changes made. Thank you

School Administration Office an	a initorini di arry che	anges made. Thank you	J.			
Student's Name:				HG:		
New Home Address:			Postcoo	Postcode:		
New Mailing Address:			Postcoo	Postcode:		
or "as above"						
Please note Parent Contact 1 and 2 wi			do not wish this to be the	e case please note		
	tha	t on this form.				
PARENT CONTACT 1						
Name:	D. A. (D. A. (D. A.)	10.1				
Title (Circle)	Mr/Mrs/Ms/Miss/Other					
Relationship to student:						
Phone numbers:	Н	W	M			
Phone numbers:	п	VV	IVI			
Address			Postcoo	Postcode:		
Email:						
PARENT CONTACT 2:						
Name:						
Title: (Circle)	Mr/Mrs/Ms/Miss/Other					
Relationship to student:						
Phone numbers:	Н	W	M			
Address			Postcoo	de:		
Email:						

Emergency Contact 3	3					
Relationship to Stude	ent					
Phone numbers		Н	W	M		
Emergency Contact 4	1			<u> </u>		
Relationship to Stude	ent					
Phone numbers		Н	W	M		
Emergency Contact &	5			<b>.</b>		
Relationship to Stude	ent					
Phone numbers		Н	W	M		
Updated Medical Cor	nditions:					
Updated Family Information (eg. Custody Information) Please attached any pertinent documentation.						
I hereby authorise the change of the above information to the above mentioned students file.						
Print Name (BLOCK LETTERS)	Relation to Stud					
Signature	Date					
Entered: Office Use Only	Signature Date					
	Name					