

Wadalba Community School

CHANGE OF STUDENT DETAILS FORM



Student Details - please list all students at Wadalba Community School these changes are applicable to.

	Student 1	Student 2	Student 3
Family Name			
Given Name			
Year			
Mobile Number			
Do you give permission to publish (eg website, newsletter, social networks)?	YES NO	YES NO	YES NO
Is student Aboriginal or Torres Strait Islander?	NO Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander <i>Letter of confirmation required</i>	NO Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander <i>Letter of confirmation required</i>	NO Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander <i>Letter of confirmation required</i>

Change of Parent/Carer - *If YES a new Application to Enrol needs to be completed*

Yes:	No:
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Family Details - where this student normally lives and where correspondence will be sent to.

Name to be used for correspondence: <i>Eg Mr & Mrs A Smith, Ms B Green</i>	
Residential Street:	
Residential Suburb:	Residential Postcode:
Correspondence Street: <i>If different to residential details</i>	
Correspondence Suburb:	Correspondence Postcode:

Transport - Opal Cards - residential address and Opal Card details must match to permit students to catch the appropriate bus to their new residence.

If students change address, parent/carers are required to amend student OPAL card address details online – transportnsw.info/school-students or call 131 500 .
Have you completed the online application for a new Opal Card Form? Yes: No:

Parent / Carer Details - please complete relevant details only - the details below will override any existing details.

	Parent / Carer 1	Parent / Carer 2	Other parent not residing
Title and Name			
Relationship to Student			
Mobile Number			
Home Number			
Work Number			
Email Address			
Address			
Suburb / Postcode			

Emergency Contacts – please list ALL current relevant details only – the details below will override any existing details.

Name:	Priority Number: 1	Name:	Priority Number: 2
Mobile Number:		Mobile Number:	
Home Number:		Home Number:	
Work Number:		Work Number:	
Relationship to student:		Relationship to student:	
Comment:		Comment:	
Name:	Priority Number: 3	Name:	Priority Number: 4
Mobile Number:		Mobile Number:	
Home Number:		Home Number:	
Work Number:		Work Number:	
Relationship to student:		Relationship to student:	
Comment:		Comment:	

Student Medical Information

Allergies: * <i>Please list</i>		
Is this a Severe Allergy (anaphylaxis)? YES NO		
Medical Condition(s): ** <i>Please list</i>		
Has this allergy/condition been diagnosed by a doctor? YES NO		
Medication: <i>Completion of other forms required</i>		
Symptoms and Management:		
Other Information: <i>Please specify</i>		
Is there an Individual Management Plan available for your student? YES NO		
Medicare Number:	Medicare Ref. Number:	Medicate Exp. Date:
Doctor Name:	Doctor Address:	Doctor Phone Number:

* Anaphylaxis is the most severe form of an allergic reaction and is potentially life threatening. It must be treated as an emergency, requiring immediate treatment and urgent medical attention. The school will require you to complete and supply additional documentation – ie Action Plan and/or EpiPen/Ventolin.

** Asthma, Epilepsy, Diabetes and Severe Health Conditions will require additional documentation to be completed.

Declaration of Accuracy

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete.

Parent/Carer Name:	Parent/Carer Signature:	Date:
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Please return completed form and documentation to:

wadalba-c.school@det.nsw.edu.au | Front office, Wadalba Community School, Orchid Way, Wadalba 2259

OFFICE USE ONLY:	Date Received:	ERN: <input type="checkbox"/>	Admin Signature:
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