



TRINITY BAY STATE HIGH SCHOOL

Change of Student Details

Please **ONLY** complete the relevant sections of change and return to the school office

STUDENT NAME:

Please Print Student's Full Name →

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SIBLINGS :

If relevant, give details of siblings attending Trinity Bay SHS that this change might relate to.

Student Name:	Form Class:
Student Name:	Form Class:

I wish to change the following (please tick which is applicable)

- | | |
|---|---|
| <input type="checkbox"/> Separation | <input type="checkbox"/> Phone Number |
| <input type="checkbox"/> Living with different parent | <input type="checkbox"/> Email Address |
| <input type="checkbox"/> Address | <input type="checkbox"/> Emergency Contacts |
| <input type="checkbox"/> Other | <input type="checkbox"/> Medical condition |


Residential Address:

Postal Address:

(if different from residential address)


PARENT/CAREGIVER'S INFORMATION NO. 1:

Lives with student: Yes / No

Parent/Caregiver's Full Name: <small>Please print name →</small>		
Relationship to Student: <small>Please circle →</small>	MOTHER / FATHER / GUARDIAN / OTHER: _____	
Address if different to above:		
Home No:		
Work No:		
Mobile No:		
Occupation:		
Place of Employment:		
Email Address:		
Parent/Caregiver's No.1 Signature:		Date:

PARENT/CAREGIVER'S INFORMATION NO. 2:

Lives with student: Yes / No

Parent/Caregiver's Full Name: <small>Please print name →</small>		
Relationship to Student: <small>Please circle →</small>	MOTHER / FATHER / GUARDIAN / OTHER: _____	
Address if different to above:		
Home No:		
Work No:		
Mobile No:		
Occupation:		
Place of Employment:		
Email Address:		
Parent/Caregiver's No.2 Signature:		Date:

Please see over – continuation of Change of Student Details

EMERGENCY CONTACTS (OTHER THAN PARENTS):		<i>Used in cases where we are unable to contact P/G 1 or 2 if your child is ill or has had an accident</i>
Name:		
Relationship to Student:		
Home No:		
Mobile No:		
Work No:		
Name:		
Relationship to Student:		
Home No:		
Mobile No:		
Work No:		

MEDICAL CONDITIONS (IF RELEVANT):	<i>Select from the Medical Condition List below. Include condition, symptoms and management.</i>

LEGAL ORDERS / CUSTODY:	<i>If relevant, originals will need to be sighted and supporting documentation to be held on the student's file by the school.</i>

BANK ACCOUNT DETAILS:	<i>Please provide your bank details to allow for parent/caregiver refunds (eg. excursions or student resource charges). All details will be kept confidential and will not be used for any other purpose.</i>
Account Name:	
BSB:	Account No:
Bank Name:	

MEDICAL CONDITION LIST:		
Name of Condition	Name of Condition	Name of Condition
• Acquired brain injury	• Bladder and bowel - Catheterisation (continuous, clean intermittent)	• Endocrine disorder - Adrenal hypoplasia, pituitary, thyroid
• Allergies /Sensitivities	• Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair	• Heart/cardiac conditions - Heart valve disorders
• Anaphylaxis	• Bladder and bowel - Other	• Heart/cardiac conditions - Heart genetic malformations
• Airway/lung/breathing - Oxygen required (continuously/periodically)	• Blood disorders - Haemophilia	• Heart/cardiac conditions - other
• Airway/lung/breathing - Suctioning	• Blood disorders - Thalassaemia	• Mental Health - Depression
• Airway/lung/breathing -Tracheostomy	• Blood disorders - Other	• Mental Health - Anxiety
• Airway/lung/breathing -Other	• Cancer / oncology	• Mental Health - Oppositional defiant disorder
• Artificial feeding - Gastrostomy device (tube or button)	• Coeliac disease	• Mental Health - Other
• Artificial feeding - Nasogastric tube	• Cystic Fibrosis	• Muscle/bone / musculoskeletal disorders - Other
• Artificial feeding - Jejunostomy tube	• Diabetes - type one	• Skin Disorders - psoriasis
• Artificial feeding - Other	• Diabetes - type two	• Swallowing/dysphagia - requiring modified foods
• Asthma	• Ear/hearing disorders - Otitis Media (middle ear infection)	• Swallowing/dysphagia - requiring artificial feeding
• Attention-deficit /Hyperactivity disorder (ADHD)	• Ear/hearing disorders - Hearing loss	• Transfer & positioning difficulties
• Autistic Spectrum Disorder	• Ear/hearing disorders - Other	• Travel / motion sickness
• Bladder and bowel - Urinary wetting, incontinence	• Epilepsy - Seizure	• Other
• Bladder and bowel - Faecal soiling, constipation, incontinence	• Eye/vision disorders	

OFFICE USE ONLY:		Information Taken by:	
OneSchool	Date Entered:		
Senior Schooling - SDCS (Yr 11/12)	Date Entered:		
		Changes completed by:	
		Changes completed by:	