



Berserker Street State School

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 Website: www.

STUDENT DETAILS – CHANGES ADVICE FORM

Student Details:

Surname:	First Name:	Year Level:
Residential Address:		
Postal Address (If different from Residential Address):		

Do these changes apply to any other siblings enrolled at Berserker Street State School Yes / No

If Yes, name and current year level of siblings: _____

IF THERE IS A CHANGE IN PARENTAL CUSTODY, PLEASE ALSO COMPLETE FINANCIAL PAYMENT RESPONSIBILITY SECTION

Parent/Guardian Details 1:

Surname:	First Name:	Mr / Mrs / Miss / Ms Gender: M / F
Relationship to Student:	Mother / Father / Guardian / Other:	
Residential Address: (If different from above):		
Postal Address: (If different from above):		
Home Phone:	Mobile Phone:	
Occupation:	Work Location: Work Phone:	
Email Address:		
Do you wish to receive Report Cards if the family is separated? Yes / No		
Parent/Guardian Signature:	Date:	

Parent/Guardian Details 2:

Surname:	First Name:	Mr / Mrs / Miss / Ms Gender: M / F
Relationship to Student:	Mother / Father / Guardian / Other:	
Residential Address: (If different from above):		
Postal Address: (If different from above):		
Home Phone:	Mobile Phone:	
Occupation:	Work Location: Work Phone:	
Email Address:		
Do you wish to receive Report Cards if the family is separated? Yes / No		
Parent/Guardian Signature:	Date:	

Emergency Contacts (Important: Do not include yourself or spouse/partner)

Priority:	Name:	Relationship to Student	Contact Phone Numbers:
1			Home: Work: Mobile:
2			Home: Work: Mobile:
3			Home: Work: Mobile:

Custody / Access Details:

Are there any current Family Court or other Court Orders concerning the welfare, safety or parenting arrangements of your child/ren:	YES / NO
I have provided a copy of current Court Order:	YES / NO
Details:	

Financial Payment Responsibilities:

I request that invoices are changed to the following custodial parent:

Name of Parent/Guardian accepting responsibility for financial expenses of student: _____

Signature of Parent/Guardian accepting responsibility for financial expenses of student: _____

Date: _____

Medical Conditions (eg: Asthma, Allergies etc)

Should your child need to take medication during school hours, an Individual Health Plan, including Emergency Health Plan (if relevant) or Authority to Administer Medication Form will need to be completed each year and retained at the office. All necessary medication must be in original package and needs to be labelled by a Medical Practitioner.

Medical Condition:			
Symptoms:			
Management:			

Medical Condition:			
Symptoms:			
Management:			

Office Use

Details Updated in Oneschool:-

Date:- _____

Signature:- _____