




BYRON BAY HIGH SCHOOL CHANGE OF DETAILS FORM


Our DUTY OF CARE requires us to have
ACCURATE CONTACT INFORMATION

All families need to complete this form and return it to the school by email or send it with your child.

1. Parent/Carer Information for where the child/children reside/s:

Student's SURNAME Please list all students in your family		Given names	
Parent/Carer Names As per enrolment form		Parent Carer 1	
		Parent Carer 2	
Residential Address			
100 points of proof of residence is requirement as per attached document 		_____	
		SUBURB	POSTCODE
Correspondence Address If different			
Email Address: (Please print carefully)			
Parent/Carer 1 Contact	Home	Work	Mobile
Parent/Carer 2 Contact	Home	Work	Mobile

Complete below **ONLY** where a student resides at two residences eg. shared custody (*Please enter details of other residence*)

Parent/Carer Name			
Residential Address			
100 points of proof of residence is requirement as per attached document 		_____	
		SUBURB	POSTCODE
Correspondence Address If different			
Email Address: (Please print carefully)			
Parent/Carer Contact	Home	Work	Mobile

PERMISSION TO PUBLISH A few examples (but not limited to) of why we take photos/videos of our students is for the school newsletter, the local newspaper, Byron Breeze, School Annual Report, school sports carnivals and excursions.	(Please tick) YES <input type="checkbox"/> NO <input type="checkbox"/>
	If you tick NO then please advise your child so they are aware when staff are taking photos/videos for the examples stated.

Complete below ONLY if you are a parent NOT residing with student

Parent/Carer Name

Residential Address

SUBURB

POSTCODE

Correspondence Address

If different

Email Address: (Please print carefully)

Parent/Carer Contact

Home

Work

Mobile

School report request (please tick)

YES NO

2. If your child is sick or injured he/she will only be able to leave the school in the care of a parent, carer or EMERGENCY CONTACT person. Please complete emergency contact below – a **LOCAL person to be contacted in case of illness/accident who is available to collect student from school.**

1.	Name	Relationship to student e.g. grandparent, neighbour, aunt, uncle etc.
	Daytime Contact:	Mobile:
2.	Name	Relationship to student e.g. grandparent, neighbour, aunt, uncle etc.
	Daytime Contact:	Mobile:

3. Any medication updates and or changes *please specify below:*

4. If there is any additional information that you think the school needs to know, please provide below. (eg. any new illnesses/allergies/part time living arrangements)

SIGNED _____ DATE _____

Email this form to us (details below) OR send it in with your child to the front office.

OFFICE USE ONLY: ERN IN ZONE NESA SENTRAL CONTACT LIST