



CHANGE OF STUDENT DETAILS

Please provide proof if changing student's name. For e.g. student birth certificate or passport

Student's Family Name

Student's Given Names

Academic Year/Roll Call

Other Siblings Attending Mitchell High School

DECLARATION OF ACCURACY

I declare that the information provided in this application is the best of my knowledge and belief, accurate and complete. I recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

Parent/Carer(s) need to notify the school as soon as possible of any changes during the school year.

Parent/Carer Signature

Print Name

____ / ____ / ____

Date

FAMILY INFORMATION

**** 100 points residential address is required if in the local catchment area****

Mailing Title (Mr, Mrs, Ms, Miss)

Parent/Carer's Full Name

Address

Suburb/Postcode

Family Email Address (to receive school correspondence and able to have access to your Millennium Parent Portal)

Mother's/Carer's Mobile Number

Mother's/Carer's Work Number

Mother's/Carer's Occupation

Father's/Carer's Mobile Number

Father's/Carer's Work Number

Father's/Carer's Occupation

EMERGENCY CONTACT

If we cannot contact you, in the event of an emergency please provide contact details of at least two other contacts. Please nominate people who may be contacted in the event of an emergency when the parents cannot be contacted. The contact person **MUST** be someone who can be contacted and are able to collect the student from school in the event of the illness or injury.

FIRST EMERGENCY CONTACT

Full Name

Mobile Number

Relationship to Student (e.g. uncle, aunt, sister)

SECOND EMERGENCY CONTACT

Full Name

Mobile Number

Relationship to Student (e.g. uncle, aunt, sister)

OTHER PARENT NOT RESIDING AT THE SAME ADDRESS AS STUDENT (not living with student)

****If applicable, copies of any relevant family law or other court orders must be provided by parent/carer****

Please tick below if you are providing attached documents to the school

Court Order Documents

Shared Custody Documents

Please notify the school of any changes and future updates. Example: parent reconciliation etc

Mailing Title (Mr, Mrs, Ms, Miss)

Full Name

Given Names

Relationship to Student

Country of Birth of Parent/Carer

Mobile Number

Work Number

Street Number

Street Name

Suburb/Town

Postcode

☐ Tick this box if the other parent not residing requires student half yearly/yearly school reports

OFFICE USE ONLY

☐ ERN

☐ Emergency Folder

Administration Signature: _____

Date: ____ / ____ / ____