



Great Lakes College

# GREAT LAKES COLLEGE TUNCURRY CAMPUS CHANGE OF DETAILS

**\*\*PLEASE COMPLETE ALL SECTIONS\*\***

## Student Details

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

As Above:  or Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Medicare Reference No: \_\_\_\_\_ Card Expiry Date: \_\_\_\_\_

Photographs at School:  Yes  No      Is there a Court Order/AVO in place?  Yes  No

### **This section is for the Parent /Carers with whom the student normally lives**

Parent/Carer 1: \_\_\_\_\_ Relationship to Student: : \_\_\_\_\_

Mobile No: \_\_\_\_\_ Home No: \_\_\_\_\_

Work No: \_\_\_\_\_ Email: \_\_\_\_\_

Please tick	Occupation Group:
<input type="checkbox"/>	Senior manag., Gov Adm., Qualif. Prof.
<input type="checkbox"/>	Business manag., arts/media/sport and associate prof.
<input type="checkbox"/>	Trade, clerks and skilled office, sales and service staff
<input type="checkbox"/>	Machine operat., hospitality, assist., labourers and related
<input type="checkbox"/>	Not in paid work in last 12 months
<input type="checkbox"/>	Unknown/Not Provided

Aboriginal or Torres Strait islander:  No  Yes, Aboriginal  Yes, Torres Strait Islander  
 Yes, both Aboriginal and Torres Strait Islander

Parent/Carer 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Home No: \_\_\_\_\_

Work No: \_\_\_\_\_ Email: \_\_\_\_\_

Please tick	Occupation Group:
<input type="checkbox"/>	Senior manag., Gov Adm., Qualif. Prof.
<input type="checkbox"/>	Business manag., arts/media/sport and associate prof.
<input type="checkbox"/>	Trade, clerks and skilled office, sales and service staff
<input type="checkbox"/>	Machine operat., hospitality, assist., labourers and related
<input type="checkbox"/>	Not in paid work in last 12 months
<input type="checkbox"/>	Unknown/Not Provided

Aboriginal or Torres Strait islander:  No  Yes, Aboriginal  Yes, Torres Strait Islander  
 Yes, both Aboriginal and Torres Strait Islander

**Other Parent/Carer contact details for Parent/Carer not living with this student**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Please tick</b>	<b>Occupation Group:</b>
<input type="checkbox"/>	Senior manag., Gov Adm., Qualif. Prof.
<input type="checkbox"/>	Business manag., arts/media/sport and associate prof.
<input type="checkbox"/>	Trade, clerks and skilled office, sales and service staff
<input type="checkbox"/>	Machine operat., hospitality, assist., labourers and related
<input type="checkbox"/>	Not in paid work in last 12 months
<input type="checkbox"/>	Unknown/Not Provided

Aboriginal or Torres Strait islander:  No  Yes, Aboriginal  Yes, Torres Strait Islander  
 Yes, both Aboriginal and Torres Strait Islander

1. Does the student sometimes reside at this address:  Yes  No
2. Do you wish for this person to receive a copy of the student's report?  Yes  No
3. a) Is this Person financially responsible for school related activities?  Yes  No
- b) If yes, please provide a percentage of their financial responsibility \_\_\_\_\_%

**Emergency Contacts**

**In the event of an emergency when the Parents/Carers cannot be contacted.**

IT IS **IMPERATIVE** THAT THE SCHOOL HAS AT LEAST ONE (2) CURRENT EMERGENCY CONTACT AT ALL TIMES **DIFFERENT FROM THE PARENTS/CARERS**

**Contact 1**

Name: \_\_\_\_\_

Daytime Contact: : \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Contact 2**

Name: \_\_\_\_\_

Daytime Contact: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Student Medical Information**

**Does your child have any Medical Conditions?**

If so, please complete the attached 'Student Medical Details' form.

**Print Name:** \_\_\_\_\_

Parent/Carer

**Please Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Carer

