



Change of Personal Details

A Catholic school in the Mercy Tradition R-6

Complete and return this form to our Front Office, or email to info@sttmore.catholic.edu.au

Change of details applies to:

Parent/Guardian 1 Parent/Guardian 2 Child

Please indicate where your child/children are located: Primary School Out of School Hours Care

Child Details

Please complete this section if your child/children's details have changed.

	Child 1	Child 2	Child 3
Family Name			
Given Name(s)			

Medical Condition

 Has there been a change in your child's medical condition?

If Yes, please provide details. Yes No Yes No Yes No

Medication

 Does your child require any medication administered?

If Yes, complete Medication Consent form. Yes No Yes No Yes No

Photo Permissions

 Do you consent to Photos and/or Video Footage of your child to be used by the School and/or Catholic Education of South Australia for promotional purposes?

Yes No Yes No Yes No

SeeSaw Photo Permissions

 Do you consent to your child's photo to appear on SeeSaw?

If No, please complete SeeSaw Consent form. Yes No Yes No Yes No

Family Court/Court Orders

 Are there any Family Court or other relevant Court Orders?

If Yes, please provide details to School. Yes No Yes No Yes No

Family Details

Please complete this section if your child's Parent/Guardian(s) have changed or if their details have changed.

	Mother / Parent / Guardian 1	Father / Parent / Guardian 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Family Name		
Given Name(s)		
Employer		
Home Number		
Work Number		
Mobile Number		
Email		
Relationship to Child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____
Residential Address		
Postal Address (if different from residential address)		
Child resides with	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact Details (other than enrolling parent/guardian)

Please complete this section if your child/children's emergency contact person(s) or their details have changed.

	Emergency Contact 1	Emergency Contact 2
Name of Contact		
Mobile		
Relationship to Child		
Home/Work Phone		

Parent/Guardian 1

Signature

Date

Parent/Guardian 2

Signature

Date

Please note: Any change to Personal Details relating to a parent/guardian without their signature will need to be confirmed before the update can be made.