

Newtown High School of the Performing Arts

Change of Details Form



STUDENT'S DETAILS

Surname:

Given:

Year:

Mobile Phone:

TRANSPORT DETAILS – OPAL CARD

If you have changed your address you must update the new address online at transportnsw.info/school-students

Have you completed a new Opal Card Form?: Yes No

FAMILY DETAILS

Parent/Carer that resides with student. If Parent/Carer does **NOT** reside with student, please complete Other Parent/Carer Details section reverse.

	Mother / Guardian	Father / Guardian
Relationship:		
Title: (eg: Mr, Mrs, Ms, Miss, Dr, etc)		
Surname:		
Given:		
Address/Home:		
Address/Postal:		
Home Phone:		
Mobile Phone:		
Email:		
Occupation:		
Work Phone:		

Family Email:

HEALTH INFORMATION

Does the applicant have any specific health problems: *(please list)*

Does the applicant have any specific allergies: *(please list)* * if severe, ie anaphylactic reaction, please state

Does the applicant currently take medication: *(please list)*

Medicare No.:

* Anaphylaxis is the most severe form of an allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention. The school will require you to complete and supply additional documentation ie Action Plan and/or EpiPen/Ventolin.

Newtown High School of the Performing Arts

Change of Details Form



EMERGENCY CONTACT DETAILS

Parents/Carers will always be contacted first as a priority. However, if we are unable to contact you, please specify below TWO emergency contacts.

	Emergency Contact 1	Emergency Contact 2
Relationship:		
Title: (eg: Mr, Mrs, Ms, etc)		
Surname:		
Given:		
Address/Home		
Home Phone:		
Mobile Phone:		
Work Phone:		

OTHER PARENT/CARER DETAILS

Parent/Carer that **DOES NOT** reside with student. The provision of school documentation to the non-residential parent should always be on the basis that it is in the best interest of the child when both parents play an active role in the child's education. We will continue to send these documents to the non-residential parent unless you contact the school and advise that it is not in the best interest of your child by virtue of a court order currently in place.

	Mother / Guardian	Father / Guardian
Relationship:		
Title: (eg: Mr, Mrs, Ms, etc)		
Surname:		
Given:		
Address/Home		
Address/Postal		
Home Phone:		
Mobile Phone:		
Email:		
Occupation:		
Work Phone:		

DECLARATION OF ACCURACY

I declare that the information provided is, to the best of my knowledge and belief, accurate and complete.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please return completed form and documentation to the Office, Newtown High School of the Performing Arts
PO Box 785 NSW 2042 | Phone: +61 02 9519 1544 | Fax: +61 02 9519 1657

OFFICE USE ONLY	<input type="checkbox"/> ERN	<input type="checkbox"/> BOS	<input type="checkbox"/> TRANSPORT	<input type="checkbox"/> LABELS
Operator Signature: _____				