



Gorokan High School

Change of Details Form

Details to change:

- ADDRESS
- CONTACT NUMBERS
- PARENT/CARER 1 PARENT/CARER 2
- PERMISSION TO PUBLISH
- HEALTH INFORMATION – advise school ASAP
- OTHER PARENT CARER not living with student
- EMERGENCY CONTACTS

STUDENT'S DETAILS

Surname:

Given name:

Year:

TRANSPORT DETAILS – OPAL CARD

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

FAMILY DETAILS

PARENT/CARER with whom this student normally lives

If Parent/Carer does NOT live with this student, please complete *Other Parent/Carer details NOT living with this student*.
If applicable, copies of any relevant law or other court orders must be provided.

	PARENT / CARER 1	PARENT / CARER 2
Relationship:		
Title: eg Mr/Mrs/Ms		
Surname:		
Given:		
Address/Home:		
Address/Postal:		
Home Phone:		
Mobile Phone:		
Email:		
Occupation:		
Work Phone:		
Family Email:		

PERMISSION TO PUBLISH

I have read the permission to publish and agree to the school obtaining and publishing content related to my child in school communications.

- I GIVE
 I DO NOT GIVE

Permission for my child's/children's name to be included in school communications. This signed permission remains effective until I advise the school otherwise.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

HEALTH INFORMATION

If your child's medical condition has changed can you please let the school know ASAP.

OTHER PARENT/CARER DETAILS not living with this student

Complete only if applicable. Copies of any relevant law or other court orders must be provided.

	PARENT / CARER 1	PARENT / CARER 2
Relationship:		
Title: <i>eg Mr/Mrs/Ms</i>		
Surname:		
Given:		
Address/Home:		
Address/Postal:		
Home Phone:		
Mobile Phone:		
Work Phone:		
Occupation:		
Email:		
Reports:	<input type="checkbox"/> Parent to receive academic Reports	<input type="checkbox"/> Parent to receive academic Reports

ADDITIONAL EMERGENCY CONTACTS

Parents/Carers will always be contacted first as a priority.

Please nominate people over the age of 18 years who may be contacted in the event of an emergency if the school is unable to contact the parents/carers. Ideally each contact should be someone who lives near the school. Please ensure that you have discussed with these people their willingness to be emergency contacts.

	EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Relationship:		
Title: <i>eg Mr/Mrs/Ms</i>		
Surname:		
Given:		
Address/Home		
Home Phone:		
Mobile Phone:		
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 Gorokan High School, PO Box 4338, Lake Haven NSW 2263

Phone: +61 02 4393 7000 | Fax: +61 02 4393 1157 | Email: gorokan-h.school@det.nsw.edu.au