



# RUNCORN STATE HIGH SCHOOL

132 Hill Road, Runcorn QLD 4113   
www.runcornshs.eq.edu.au   
enquiries@runcornshs.eq.edu.au   
07 3323 1609

## CHANGE OF STUDENT DETAILS

Please provide proof if changing student's name e.g. Birth Certificate or Passport

Student's Family Name

Student's Given Name

Student's PC Class

Student's Residential Address

Male       Female       Other

Student's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Country of Birth

## DECLARATION OF ACCURACY

I declare that the information provided in this application is to 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.

**\*\*If applicable, copies of any relevant family law or other court orders must be provided\*\***

Please tick below attached documents provided to the school

Court Order Documents       Shared Custody Documents

Signature of Parent/Guardian

Parent/Guardian's Full Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## OFFICE USE ONLY

Administrative Officer's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## PARENT/GUARDIAN DETAILS (1)

Parent/Guardian's Family Name

Parent/Guardian's Given Name

Parent/Guardian's Relationship to Student

Parent/Guardian's Residential Address

Parent/Guardian's Email Address

Parent/Guardian's Mobile Number

Parent/Guardian's Daytime Phone Number

Is this Parent/Guardian the student's fee payer?

Yes       No

## PARENT/GUARDIAN DETAILS (2)

Parent/Guardian's Family Name

Parent/Guardian's Given Name

Parent/Guardian's Relationship to Student

Parent/Guardian's Residential Address

Parent/Guardian's Email Address

Parent/Guardian's Mobile Number

Parent/Guardian's Daytime Phone Number

Is this Parent/Guardian the student's fee payer?

Yes       No



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## 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.**

### EMERGENCY CONTACT DETAILS (1)

Emergency Contact's Family Name

Emergency Contact's Given Name

Emergency Contact's Relationship to Student

Emergency Contact's Mobile Number

Emergency Contact's Daytime Phone Number

### EMERGENCY CONTACT DETAILS (2)

Emergency Contact's Family Name

Emergency Contact's Given Name

Emergency Contact's Relationship to Student

Emergency Contact's Daytime Phone Number

Emergency Contact's Mobile Number

## OFFICE USE ONLY

Administrative Officer's Signature

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## STUDENT MEDICAL INFORMATION

Runcorn State High School is collecting this medical information in order to address the medical needs of your student during school hours as well as during school excursions, school camps, sports and other school activities. It is essential that the school be informed of any medical conditions or change to medical conditions as soon as they are known. Should a student need to take medication during school hours, an individual Health Plan, including Emergency Health Plan if relevant, or Authority to Administer Medication Form will need to be completed each year and retained at the office.

Student's Medical Conditions

Does the student require any medical aids or devices (e.g. glasses, contact lenses, prosthetics or orthotics)?

Student's Medical Practitioner

Contact Number of Student's Medical Practitioner

I authorize school staff to contact the student's medical practitioner for the purposes of seeking advice in cases where an immediate but non-life threatening response is required (for instance, when the prospective student may be on an excursion or sporting event)?

Yes       No

Student's Medicare Card Number

Student's Medicare Card Position Number

Medicare Cardholder's Name

Student's Private Health Insurance Company Name (If covered)

Student's Private Health Insurance Membership Number (If covered)