

Change of Personal Details



St Mary Magdalene's School

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

1. Who does this change of details apply to? Please tick all that apply.

Child Parent/Guardian 1 Parent/Guardian 2 Emergency Contact

2. Does your child/children attend our OSHC?

Yes No *If Yes, staff member to forward form to OSHC Director.*

3. Please complete the following section if your child/children's details have changed:

	Child 1	Child 2	Child 3
Family Name			
Given Name(s)			
a) Have your child's medical conditions changed?			
<i>If Yes, please attach details.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Has your child had a change in their required medication?			
<i>If Yes, complete Medication Consent form.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Do you consent to your child's photo/video/artwork being used by the School and/or Catholic Education South Australia for promotional purposes?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Do you consent to your child's photo to appear on Seesaw?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Are there any Family Court or relevant Court Orders the school should be made aware of?			
<i>If Yes, please provide details to School.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



08 8287 7900



info@smm.catholic.edu.au



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82 Fairfield Road
Elizabeth Grove, SA 5112
Karna Country

4. Please complete the following section if Parent/Guardian details have changed:

	Parent/Guardian 1	Parent/Guardian 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Family Name		
Given Name(s)		
Employer		
Home Number		
Work Number		
Mobile Number		
Email		
Relationship to Child	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Guardian <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 Ranking		
Communication Preferences	<input type="checkbox"/> Family Mail (Post/Email) <input type="checkbox"/> Seesaw <input type="checkbox"/> Newsletter <input type="checkbox"/> Attendance Contact <input type="checkbox"/> Responsible for Student <input type="checkbox"/> Academic Reporting <input type="checkbox"/> Responsible for Fees	<input type="checkbox"/> Family Mail (Post/Email) <input type="checkbox"/> Seesaw <input type="checkbox"/> Newsletter <input type="checkbox"/> Attendance Contact <input type="checkbox"/> Responsible for Student <input type="checkbox"/> Academic Reporting <input type="checkbox"/> Responsible for Fees
Please note any other information you would like to to notify the School of here:		



5. Please complete the following section if your Emergency Contact Details (other than enrolling Parents/Guardians) have changed:

	New Emergency Contact 1	New Emergency Contact 2
Name of Contact		
Relationship to Child		
Contact Number 1		
Contact Number 2		

6. Signatures of Acknowledgement (both enrolling Parents/Guardians to sign if applicable):

Parent/Guardian 1	Name		
	Signature		Date
Parent/Guardian 2	Name		
	Signature		Date

Please note: Any change to Personal Details relating to an enrolling Parent/Guardian without their signature will need to

