



Miles State
HIGH SCHOOL

CHANGE OF DETAILS FORM

FAMILY NAME: _____

STUDENT/S NAME/S: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____
(if different from above)

EMAIL ADDRESS: _____

Would you like the fortnightly newsletter emailed to this address? Yes / No

TELEPHONE: Home: _____ Work: _____

Mobile: _____

NEW / AMENDED DETAILS FOR STUDENT EMERGENCY CONTACTS

Priority	Emergency Contact Name	Relationship To Student	Telephone Numbers
1		<u>PARENT/GUARDIAN</u>	Home: _____
			Business: _____
			Mobile: _____
2		<u>PARENT/GUARDIAN</u>	Home: _____
			Business: _____
			Mobile: _____
3		<u>OTHER</u>	Home: _____
			Business: _____
			Mobile: _____
4		<u>OTHER</u>	Home: _____
			Business: _____
			Mobile: _____
5		<u>OTHER</u>	Home: _____
			Business: _____
			Mobile: _____

NEW / AMENDED MEDICAL CONDITIONS

Medical Condition (eg Asthma, allergies)	Symptoms and treatment

Parent/Guardian Signature

Date