



Smithfield State High School

Student Personal Details update

(only fill in if changed or new)

Please use this form if any of the details have changed from the date your student enrolled

Please return this form to the Administration Office

Student Family Name:		Student Given Name:	
Parent/Guardian 1 - Name:			
Address: Residential: Postal: Email:			
Home Phone:		Work Phone:	Mobile:
Parent Fee Allocation: _____ % (e.g. 100%, 50%)		Signature:	
Parent/Guardian 2- Name:			
Address: Residential: Postal: Email:			
Home Phone:		Work Phone:	Mobile:
Parent Fee Allocation: _____ % (e.g. 100%, 50%)		Signature:	
Student Resides With: Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Shared Custody <input type="checkbox"/>			

Emergency Contacts		
Name:		Relationship:
Home Phone:	Work Phone:	Mobile:
Name:		Relationship:
Home Phone:	Work Phone:	Mobile:
Name:		Relationship:
Home Phone:	Work Phone:	Mobile:
<input type="checkbox"/> Above replaces existing emergency contacts		

Medical Details
Symptoms/Treatment
Symptoms/Treatment

Office use only: Processed by: _____	Date: ____/____/____
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