

# Newtown High School of the Performing Arts

## Change of Details Form



### STUDENT'S DETAILS

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Year: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

### OPAL CARD

Have you completed the online form notifying [transportnsw.info/school-students](https://transportnsw.info/school-students) of change of address details :  Yes  No

### FAMILY DETAILS

Parent/Carer that resides with student. If Parent/Carer does **NOT** reside with student, please complete Other Parent/Carer Details section overleaf.

	PARENT / CARER 1	PARENT / CARER 2
Relationship:		
Title: <i>(eg: Mr, Mrs, Dr)</i>		
Surname:		
Given Name:		
Address/Home:		
Address/Postal:		
Home Phone:		
Mobile Phone:		
Work Phone:		
Email:		
Occupation:		

### HEALTH INFORMATION

Does the applicant have any specific health problems: *(please list)*

\_\_\_\_\_

\_\_\_\_\_

Does the applicant have any specific allergies: *(please list)* \* if severe, ie anaphylactic reaction, please state

\_\_\_\_\_

\_\_\_\_\_

Does the applicant currently take medication: *(please list)*

\_\_\_\_\_

\_\_\_\_\_

Medicare No: \_\_\_\_\_

Ref No: \_\_\_\_\_

Valid date: \_\_\_\_\_

\* Anaphylaxis is the most severe form of an allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention. The school will require you to complete and supply additional documentation ie Action Plan and/or EpiPen/Ventolin.

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### EMERGENCY CONTACT DETAILS

Parents/Carers will always be contacted first as a priority. However, if we are unable to contact you, please specify below **TWO** emergency contacts.

	EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Relationship:		
Title: <i>(eg: Mr, Mrs, Dr)</i>		
Surname:		
Given Name:		
Home Phone:		
Mobile Phone:		
Work Phone:		

### OTHER PARENT/CARER DETAILS

Parent/Carer that **DOES NOT** reside with student. The provision of school documentation to the non-residential parent should always be on the basis that it is in the best interest of the child when both parents play an active role in the child's education. We will continue to send these documents to the non-residential parent unless you contact the school and advise that it is not in the best interest of your child by virtue of a court order currently in place.

	PARENT / CARER	PARENT / CARER
Relationship:		
Title: <i>(eg: Mr, Mrs, Dr)</i>		
Surname:		
Given Name:		
Address/Home:		
Address/Postal:		
Home Phone:		
Mobile Phone:		
Work Phone:		
Email:		
Occupation:		

### DECLARATION OF ACCURACY

I declare that the information provided is, to the best of my knowledge and belief, accurate and complete.

Parent/Carer Name: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form and documentation to the Office, Newtown High School of the Performing Arts  
PO Box 785 NSW 2042 | Phone: +61 2 9519 1544 | Email: Newtown-h.school@det.nsw.edu.au

#### OFFICE USE ONLY

ERN NESA (Yr's 10,11,12) - email NEW address to P Shields LABELS

Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_