



## YANCO AGRICULTURAL HIGH SCHOOL CHANGE OF STUDENT/FAMILY DETAILS

### STUDENT NAME

Student Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Year: \_\_\_\_\_

Does this change apply to other siblings? ☐ Yes ☐ No

*If Yes, please supply student name and year group below:*

Student Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Year: \_\_\_\_\_

Student Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Year: \_\_\_\_\_

### SECTION 1: CHANGE OF PARENT DETAILS

#### CHANGE OF ADDRESS/EMAIL ADDRESS/PHONE NUMBER

##### PARENT/CARER 1 (With whom the student normally lives)

Parent Surname: \_\_\_\_\_ Parent First Name: \_\_\_\_\_

**Residential Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Postal Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Numbers:**

Mobile \_\_\_\_\_

Work \_\_\_\_\_

Home \_\_\_\_\_

**Email Address:** \_\_\_\_\_

##### PARENT/CARER 2 (With whom the student normally lives)

Parent Surname: \_\_\_\_\_ Parent First Names: \_\_\_\_\_

**Residential Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Postal Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Numbers:**

Mobile \_\_\_\_\_

Work \_\_\_\_\_

Home \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**OTHER PARENT/CARER** (Parent/Carer not living with this student)

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

Parent First Name: \_\_\_\_\_

Does the student sometimes reside with this parent?

☐ Yes

☐ No

Are there any court orders?

☐ Yes

☐ No

(If yes, please provide the school with a copy)

**Residential Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Postal Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Numbers:**

Mobile \_\_\_\_\_

Work \_\_\_\_\_

Home \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## SECTION 2: CHANGE OF STUDENT DETAILS

### CHANGE OF STUDENT MEDICARE NUMBER

Student Medicare Number: \_\_\_\_\_ Student Medicare Reference No: \_\_\_\_\_

Medicare card valid to date: \_\_\_\_\_ / \_\_\_\_\_ Please provide a copy of new card to the School.

### CHANGE OF STUDENT HEALTH DETAILS

Please contact the school to advise of any changes of student health details, eg. change in medication, change in existing medical conditions or new medical conditions including ANAPHYLAXIS & ALLERGIES.

Email: [yancoag-h.admin@det.nsw.edu.au](mailto:yancoag-h.admin@det.nsw.edu.au)

Phone 02 6951 1500

If relevant, please complete the following forms provided by the Department of Education:

<https://education.nsw.gov.au/student-wellbeing/health-and-physical-care/health-care-procedures/individual-planning#Forms2>

### CHANGE OF DIETARY REQUIREMENTS

Please provide details of the change in dietary requirements.

\_\_\_\_\_  
\_\_\_\_\_

Is this restriction/requirement due to:

☐ Personal Choice

☐ Food Intolerance

☐ Allergy diagnosed by a Doctor

**Is this allergy Anaphylaxis?**

☐ Yes (Please provide the ASCIA Plan to the School)

☐ No

## SECTION 3: CHANGE OF ADDITIONAL EMERGENCY CONTACTS

### EMERGENCY CONTACTS PHONE NUMBERS

Additional Emergency Contacts are people over the age of 18 years who may be contacted in the event of an emergency if the school is unable to contact the parents/carers.

#### EMERGENCY CONTACT 1

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

#### **Phone Numbers:**

Mobile \_\_\_\_\_ Work \_\_\_\_\_

Home \_\_\_\_\_

#### EMERGENCY CONTACT 2

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

#### **Phone Numbers:**

Mobile \_\_\_\_\_ Work \_\_\_\_\_

Home \_\_\_\_\_

### PARENT/CARER SIGNATURE

To be signed by the parent completing this form.

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

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