



# Nepean Creative and Performing Arts High School

## Change of Details Form

### STUDENT'S DETAILS

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

Given names: \_\_\_\_\_

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

**STUDENT TRANSPORT DETAILS:** Does the student possess an Opal Card?  Yes  No

♦ **If yes, and you have changed address,** you will have to complete a new application form online. Please contact NSW Transport on [www.transportnsw.info/school-students](http://www.transportnsw.info/school-students)

### STUDENT'S HEALTH INFORMATION

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

Student's reference No: \_\_\_\_\_

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

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

Does the student have any specific allergies: (please list) If severe, i.e. anaphylactic reaction, please state.

*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 i.e. Action Plan and/or EpiPen/Ventolin.*

Does the student currently take medication: (please list)

**If the student requires medication to be given at school please contact the Administration office for additional documentation.**

### EMERGENCY CONTACT DETAILS

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

	Emergency Contact 1	Emergency Contact 2
Relationship:		
Title: (e.g. Dr, Mr, Mrs)		
Surname:		
Given Name:		
Home Phone:		
Work Phone:		
Mobile Phone:		

### SIBLING INFORMATION

Do you have any other children enrolled in a NSW Government school living with the student mentioned above?

Yes  No

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

**Do you want the Emergency Contact details above to apply to the siblings mentioned above?**  Yes  No

## FAMILY DETAILS

**To be completed by the Parent/Carer that resides with student.** If the Parent/Carer does **NOT** reside with student, please complete the Other Parent/Carer Details section on the next page of this form.

	Mother / Guardian /Carer	Father / Guardian / Carer
Relationship:		
Title: (e.g. Dr, Mr, Mrs)		
Surname:		
Given Name:		
Address/Home:		
Address/Postal:		
Home Phone:		
Work Phone:		
Mobile Phone:		
Email:		
Aboriginality :	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander
Occupation:		
	Group 8 <input type="checkbox"/> Have not been in paid work in the last 12 months Group 4 <input type="checkbox"/> Machine operators, hospitality staff, assistants, labourers and related workers Group 3 <input type="checkbox"/> Tradespeople, clerks and skilled office, sales and service staff Group 2 <input type="checkbox"/> Other business managers, arts/ media/sportspersons and associate professionals Group 1 <input type="checkbox"/> Senior management in large business organisation, government administration and defence, and qualified professionals	Group 8 <input type="checkbox"/> Have not been in paid work in the last 12 months Group 4 <input type="checkbox"/> Machine operators, hospitality staff, assistants, labourers and related workers Group 3 <input type="checkbox"/> Tradespeople, clerks and skilled office, sales and service staff Group 2 <input type="checkbox"/> Other business managers, arts/ media/sportspersons and associate professionals Group 1 <input type="checkbox"/> Senior management in large business organisation, government administration and defence, and qualified professionals

**OTHER PARENT/CARER DETAILS: Parent/Carer that DOES NOT reside with student.**

	Mother / Guardian	Father / Guardian
Relationship:		
Title: (e.g. Dr, Mr, Mrs)		
Surname:		
Given Name:		
Address/Home:		
Address/Postal:		
Home Phone:		
Work Phone:		
Mobile Phone:		
Email:		
Aboriginality :	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander
Occupation:		
	Group 8 <input type="checkbox"/> Have not been in paid work in the last 12 months Group 4 <input type="checkbox"/> Machine operators, hospitality staff, assistants, labourers and related workers Group 3 <input type="checkbox"/> Tradespeople, clerks and skilled office, sales and service staff Group 2 <input type="checkbox"/> Other business managers, arts/media/sportspersons and associate professionals Group 1 <input type="checkbox"/> Senior management in large business organisation, government administration and defence, and qualified professionals	Group 8 <input type="checkbox"/> Have not been in paid work in the last 12 months Group 4 <input type="checkbox"/> Machine operators, hospitality staff, assistants, labourers and related workers Group 3 <input type="checkbox"/> Tradespeople, clerks and skilled office, sales and service staff Group 2 <input type="checkbox"/> Other business managers, arts/media/sportspersons and associate professionals Group 1 <input type="checkbox"/> Senior management in large business organisation, government administration and defence, and qualified professionals

**DECLARATION OF ACCURACY**

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return completed form to the Administration Office***

<b>Office Use Only:</b>	<input type="checkbox"/> ERN	Signature: _____	Date: _____
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