

# GOLD CREEK SCHOOL CHANGE OF STUDENT CONTACT INFORMATION

## **Students affected by Change of Details:**

Student/s Surname	Student/s First Name	Year

#### **Change Action** (please circle)

- 1. Change contact information for an existing contact.
- 2. Add a new Contact.
- 3. Delete Contact Information.
- 4. Split a household with two Primary Contacts to two separate households.

### **Contact Details** (enter contact's name and the details to update)

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Name of Contact with changed details	
Contact's new mobile phone number	
Contact's new work number	
Contact's new home phone number	
Contact's new email address	
Contact's new residential address	
Delete contact information	
	Contact's new mobile phone number Contact's new work number Contact's new home phone number Contact's new email address Contact's new residential address

#### **New Contacts** (please provide their contact status, contact priority and permissions)

(NB: Only Primary Contacts receive written communications from the school. (Primary Contacts are usually Parents or Primary Carers). Emergency contacts are only contacted in accordance with "priority contact" information you provide. Primary contacts do not have to be "priority contacts" for a student (this is the order people are contacted, for example, when a child is in sick bay). An emergency contact can be higher "priority contact" than a parent identified as a "Primary Contact.")

1.	Contact Status: Primary (Parent/Carer) or Emergency Contact	Primary□	Emergency□
2.	Relationship to Student		
3.	Contact Priority (i.e., the order in which contact is contacted, e.g.,	Contact 1□2□3□4□5□6□	
	when a child is in sick bay)		
4.	Authorised to pick up student	Yes□	No□
5.	Contact lives with student/s	Yes□	No□
6.	Receives absence reports (Primary Contact only)	Yes□	No□
7.	Receives correspondence (Primary Contacts only)	Yes□	No□
8.	Receive school reports (Primary Contacts only)	Yes□	No□
9.	Is financially responsible for student (Primary Contacts only)	Yes□	No□
10.	Contact can authorise an educator to take students outside the	Yes□	No□
	education premises		
11.	Contact authorised to grant medical consent	Yes□	No□

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Name of Person Requesting Change:		
Relationship to Student/s:		
Signature:	Date:	