

PROSERPINE STATE SCHOOL

2025 Change of Details Form

Students Name: _____ Class: _____
Other Children: _____ Class: _____
_____ Class: _____

Home Address: _____ Mail Address: _____

Parent 1: _____ Home Phone: _____ Mobile: _____
Same address as student: YES NO If no: _____
Workplace/Position: _____ Work Phone: _____
Email Address: _____

Parent 2: _____ Home Phone: _____ Mobile: _____
Same address as student: YES NO If no: _____
Workplace/Position: _____ Work Phone: _____
Email Address: _____

Emergency Contacts other than Parent 1 and 2:

(1) _____ Phone: _____
Relationship to child: _____
(2) _____ Phone: _____
Relationship to child: _____

Add to existing contacts

Delete existing contacts

BUS STUDENT ONLY: Bus Route Number: _____

In case of Emergency: Bus Number: _____

Please circle and number: Stay at School Go Home on Bus

If changes in medical condition fill out a medical details change form

OTHER INFORMATION:-

DATE: _____

PARENTS SIGNATURE: _____

Entered on One School

Student Card for Master file

Student Card for Class File