

**PROSERPINE STATE SCHOOL**  
**2024 STUDENT DETAILS CHANGE 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:** \_\_\_\_\_

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Entered on One School

Student Card for Master file

Student Card for Class File