GEELONG HIGH SCHOOL

Alterations to Confidential Student Information



Student's Details

Student's Name:	Home Group:			
Preferred Name:				
Address:				Postcode:
Email Address:				
Parent/Carer's Employmen	<u>nt Details</u>			
Mother's Work:	Occupation:		Phone No:	
Father's Work:	Occupation:		Phone No:	
Category of Employment Parent	A	Parent B		
Change to Mother's/Carer's	s Surname			
Old Surname:	Ne	w Surname:		
Emergency Information (ot	her than parent/carer	1		
Emergency Contact 1 – Name: _		_ Relationship to S	tudent:	
Mobile Number:		Phone Number:		
Emergency Contact 2 – Name: _		_	tudent:	
Mobile Number:		_ Phone Number:		
Medical Information				
Name/s of Disability or Illness:				
Allergy/s:				
Medication/s:				
Doctor's Name:			Phone No:	
			1 110110 110.	
DETAILS CHANGED BY:	Parent / Carer / Studer	nt (Please circle)	DATE:	
Office Use Only				
CASES21 Records Changed:			Date:	
COMPASS Info Lindated:			Date:	