



# CONTACT PERSON AMENDMENT FORM



## Contact Person's Change of Details

### Student Details

Legal First Name:

Legal Surname:

Date of Birth:

BCE Student ID (if known):

School Name:

School Suburb

### Contact Person's Details

Title:

- Mr     Mrs     Miss  
 Ms     Dr     Fr  
 Sr     Br     Rev     Prof

Gender:

- Male     Female

Legal Surname:

Preferred Surname:

Legal First Name:

Preferred First Name:

Other Given Name(s):

Date of Birth:

#### Residential Address

- Same as Parent/Legal Guardian/Caregiver 1  
 Same as Parent/Legal Guardian/Caregiver 2

Street Address:

#### Postal/Correspondence Address

- Same as Residential address

Postal Address:

#### Billing Address (if required)

- Same as Residential address  
 Same as Postal/Correspondence Address

Postal Address:

Suburb/Town:

Suburb/Town:

Suburb/Town:

State:

Postcode:

State:

Postcode:

State:

Postcode:

Country (if not Australia):

Country (if not Australia):

Country (if not Australia):

#### Contact Method Type

Order

Silent

Home Telephone Number:

Indicate best contact order

Is this number silent?

Mobile Telephone Number:

Email Address:

#### Contact Method Type

Order

Silent

Work Telephone Number:

Indicate best contact order

Is this number silent?

Work Mobile Telephone Number:

Work Email Address:

Email may be used for billing purposes  Yes  No

**What is the relationship of this person to the student?** *(Tick one (1) only)*

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Mother           | <input type="checkbox"/> Home Stay Sister  | <input type="checkbox"/> Sister        | <input type="checkbox"/> Dentist   |
| <input type="checkbox"/> Father           | <input type="checkbox"/> Home Stay Brother | <input type="checkbox"/> Brother       | <input type="checkbox"/> Legal Guardian <i>(for Dept. of Communities only)</i> |
| <input type="checkbox"/> Step Mother      | <input type="checkbox"/> Aunt              | <input type="checkbox"/> Half Sister   | <input type="checkbox"/> Care Provider   |
| <input type="checkbox"/> Step Father      | <input type="checkbox"/> Uncle             | <input type="checkbox"/> Half Brother  | <input type="checkbox"/> Counsellor/Social Worker                              |
| <input type="checkbox"/> Foster Mother    | <input type="checkbox"/> Niece             | <input type="checkbox"/> Step Sister   | <input type="checkbox"/> Agent   |
| <input type="checkbox"/> Foster Father    | <input type="checkbox"/> Nephew            | <input type="checkbox"/> Step Brother  | <input type="checkbox"/> Reg. Exchange Org                                     |
| <input type="checkbox"/> Grandmother      | <input type="checkbox"/> Cousin            | <input type="checkbox"/> Foster Sister | <input type="checkbox"/> Foster Brother  |
| <input type="checkbox"/> Grandfather      | <input type="checkbox"/> Friend            |  |  |
| <input type="checkbox"/> Home Stay Parent | <input type="checkbox"/> Doctor            |  |  |

**Does this person perform any of the following roles in regards to the student?**

**Emergency Contact:**

- Yes. Indicate the priority in which this person is to be contacted (e.g. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, etc.)
- No

**Legal Guardian:**

If this person is not a birth or adoptive parent, then legal documentation must be attached.

- Yes  No



**Caregiver:**

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

- Yes  No

**Is this person to receive any of the following forms of Communication?**

**Report Cards/Progress Reports:**

- Yes  No

**Newsletters:**

- Yes  No

**Invitations:**

- Yes  No

**School Portal Access:**

- Yes  No

**Does this person reside with the student?**

- Yes  No

**Does this person require the assistance of an interpreter?**

- Yes  No

**SIGNATURE** of Parent or Legal Guardian

**PRINT NAME** of Parent or Legal Guardian

**RELATIONSHIP** to Student

**DATE SIGNED**

**SIGNATURE** of Parent or Legal Guardian

**PRINT NAME** of Parent or Legal Guardian

**RELATIONSHIP** to Student

**DATE SIGNED**