

# CHANGE OF CIRCUMSTANCES FORM



PARENT/CAREGIVER/STUDENT CHANGE OF LIVING ARRANGEMENTS

This form **MUST** be signed where indicated by each party concerned. Please use separate forms for each student if required.

Reason for change of circumstances:

Date Submitted:

Please attach any legal documentation or Court Orders regarding family arrangements pertaining to the student and **advise any changes of payment of school fees directly to the Finance Office**

PARENT / GUARDIAN 1  sign here	
Title : <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	
First Name(s) :	
Last Name :	
Please indicate your relationship to the student(s)	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother	
<input type="checkbox"/> Other :	
Are you living with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require <input type="checkbox"/> Student Report <input type="checkbox"/> Email/SMS <input type="checkbox"/> Letters	
Residential Address:	
Suburb : Post Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Postal Address (if different to residential):	
Phone (H) :	Phone (W) :
Mobile :	
Email :	
Occupation:	
Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> De facto	
Emergency contact :	
Emergency Phone :	
Please list each student and tick days they live with Parent/Guardian 1	
Student name	Mo Tu We Th Fr Sa Su

PARENT / GUARDIAN 2  sign here	
Title : <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	
First Name(s) :	
Last Name :	
Please indicate your relationship to the student(s)	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother	
<input type="checkbox"/> Other :	
Are you living with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require <input type="checkbox"/> Student Report <input type="checkbox"/> Email/SMS <input type="checkbox"/> Letters	
Residential Address:	
Suburb: Post Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Postal Address (if different to residential):	
Phone (H) :	Phone (W) :
Mobile :	
Email :	
Occupation:	
Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> De facto	
Emergency contact :	
Emergency Phone :	
Please list each student and tick days they live with Parent/Guardian 2	
Student name	Mo Tu We Th Fr Sa Su

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THIS SECTION FOR OFFICE USE ONLY	
Processed : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Student File (form to be filed in student file for each student)
<input type="checkbox"/> Details above entered into Synergetic by:	