

Hester Hornbrook Academy

Change of Details Form

This form is to update student details at HHA. A parent/carer must complete and sign this form for students under the age of 18 years. Please provide the completed form to reception at your campus or for campuses with no reception area please submit to the Head of Campus.

Student Details - (PLEASE COMPLETE THIS SECTION)

Legal Family Name			
Legal Given Name			
Preferred Family Name			
Preferred Given Name			
Date of Birth	/ /	Details Changed	Yes No

Residential Address Details – Current Address

Address Line 1					
Address Line 2					
Suburb/Town		State		Postcode	

Postal Address (if different to Residential Address above)

Address Line 1					
Address Line 2					
Suburb/Town		State		Postcode	

Court/Custody Orders

Is there any current Family Court or other court orders concerning the welfare, safety or parenting arrangements of your child/children? Does the school have a current copy of these orders?	Start date of current orders / /	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
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Medical Condition

Please attach any medical diagnosis that the school does not already have on file. Current Medical Plan on file at school.	Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
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EALD – English as second language

Is English the main Language spoken at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please specify language _____
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Parent/Carer Contact Details

	Parent / Carer 1	Parent / Carer 2
Full Legal Name		
Relationship (eg. Aunt)		
Contact Phone Number 1	Mobile	Mobile
Contact Phone Number 2	Home	Home
Contact Phone Number 3	Work	Work
Email address		

Current Emergency Contact Details

Please delete current emergency contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency Contact Name to be deleted		
Emergency Contact Name to be deleted		

New Emergency Contact Details

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship (eg. Aunt)		
Contact Phone Number 1	Mobile	Mobile
Contact Phone Number 2	Home	Home
Contact Phone Number 3	Work	Work

I agree that I am the Parent or Carer of the student listed. By signing this form, I agree that the information given is true and correct as at the date indicated below.

	Parent / Carer 1	Parent / Carer 2
Name		
Signature		
Date	/ /	/ /

OFFICE USE ONLY

Details Updated	Date Updated	Entered By	Signature
Yes No	/ /		
Comments			

HHA Change of Details Process
Owner: Business Manager
Date Approved: May 2022