

# Alterations to Confidential Student Information



**GEE LONG**  
HIGH SCHOOL

## **Student's Details**

Student's Name: \_\_\_\_\_ Home Group: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## **Parent/Carer's Employment Details**

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 Surname**

Old Surname: \_\_\_\_\_ New Surname: \_\_\_\_\_

## **Emergency Information (other than parent/carers)**

Emergency Contact 1 – Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Emergency Contact 2 – Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **Medical Information**

Name/s of Disability or Illness: \_\_\_\_\_  
Allergy/s: \_\_\_\_\_  
Medication/s: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

**DETAILS CHANGED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Parent / Carer / Student (Please highlight)*

## **Office Use Only**

CASES21 Records Changed: \_\_\_\_\_ Date: \_\_\_\_\_  
COMPASS Info Updated: \_\_\_\_\_ Date: \_\_\_\_\_