



# McDowall State School

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## CHANGE OF STUDENT DETAILS FORM

STUDENT NAME				
Student Name				
Sibling 1				
Sibling 2				
Sibling 3				
STUDENT ADDRESS DETAILS				
Student principal place of residence				
Address Line 1				
Suburb		State		Postcode
<b>Student mailing address</b> (if different to above)				
Address Line 1				
Suburb		State		Postcode
<b>Parent/ carer addresses same as above</b> Yes / No ( please circle)				
<b>Parent/carers address</b> (if different to student)				
Parent name				
Address Line 1				
Suburb		State		Postcode
CONTACT DETAILS				
Contact Name 1				
Relationship		Emergency contact	Yes / No	
1 <sup>st</sup> contact number	Work/ Home/ Mobile (please circle)			
2 <sup>nd</sup> contact number	Work/ Home/ Mobile (please circle)			
3 <sup>rd</sup> contact number	Work/ Home/ Mobile (please circle)			
Email address				
Contact Name 2				
Relationship		Emergency contact	Yes / No	
1 <sup>st</sup> contact number	Work/ Home/ Mobile (please circle)			
2 <sup>nd</sup> contact number	Work/ Home/ Mobile (please circle)			
3 <sup>rd</sup> contact number	Work/ Home/ Mobile (please circle)			
Email address				
Contact Name 3				
Relationship		Emergency contact	Yes / No	
1 <sup>st</sup> contact number	Work/ Home/ Mobile (please circle)			
2 <sup>nd</sup> contact number	Work/ Home/ Mobile (please circle)			
3 <sup>rd</sup> contact number	Work/ Home/ Mobile (please circle)			
Email address				
Contact Name 4				
Relationship		Emergency contact	Yes / No	
1 <sup>st</sup> contact number	Work/ Home/ Mobile (please circle)			
2 <sup>nd</sup> contact number	Work/ Home/ Mobile (please circle)			
3 <sup>rd</sup> contact number	Work/ Home/ Mobile (please circle)			
Email address				
<b>Parent signature</b>				<b>Date received</b>