



Updated Student Records

We need to ensure that all of our records are up to date. **(Parent/Caregiver 1 is to be the first point of contact for students)**. Please complete the information below and return it to the office.

Student Name: _____ Year Level: _____ Home Group: _____

Please list all parents/guardians these changes apply to.

Parent/Caregiver 1:

Name: _____ Occupation: _____

Home No: _____ Work No: _____ Mobile: _____

Home Address: _____

Postal Address: _____

Email: _____

Parent/Caregiver 2:

Name: _____ Occupation: _____

Home No: _____ Work No: _____ Mobile: _____

Home Address: _____

Postal Address: _____

Email: _____

Please list all students enrolled at Qld State Schools these changes apply to.

1. _____ 3. _____

2. _____ 4. _____

Emergency Contact 1 (other than parent):

Name: _____ Relationship to Student: _____

Home No: _____ Work No: _____ Mobile: _____

Custody Oder: _____

Medical Information: _____

Please supply copies of supporting documentation for above.

Other: _____

Parent Signature: _____ Date: _____

(Please complete reverse page if applicable)

updatemydetails@narangbavalleyshs.eq.edu.au



Narangba Valley State High School

FORM 2

Shared Financial Responsibility Record For School Payments

Some parents/caregivers share the financial responsibility of the costs associated with their child's education. The school's student and financial management program, *OneSchool*, is able to accommodate a nominated percentage split of invoices between identified parents/caregivers for school fees, excursions and other activities. Please complete the details below if you wish to share financial responsibility between parents/caregivers, indicating the percentage share (e.g. 50% per parent).

Student Details

1 st Student's Name:	Roll Class:
2 nd Student's Name:	Roll Class:
3 rd Student's Name:	Roll Class:
4 th Student's Name:	Roll Class:

Parents'/Caregivers' Details and Consent

It is usually the residing parent's responsibility for payment of all accounts for the enrolled student/s. If this is not the case please detail how invoices and their respective payments will be split.

Parent/Caregiver's Full Name	Relationship to Student	% Share of Costs	Signature	Date
		Must = 100%		

Please Note: To allow the school to process this, it would be expected for both consenting parents/caregivers to sign.

Office Use Only

Date Entered in OneSchool:

Officer's Signature: