



# OLSH COLLEGE STUDENT UPDATE INFORMATION FORM

This form MUST be completed and signed by Parent/Guardian and returned to the Front Office in order to keep our information as accurate as possible.

### Student Details:

Student Full Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Year Level & Class: \_\_\_\_\_ Student Mobile: \_\_\_\_\_

### Address & Contact Details:

<b>Old Residential Address:</b>	<b>New Residential Address:</b>
_____	To: _____
_____	_____
_____ Post Code _____	_____ Post Code _____
Phone No: _____	Phone No: _____

**Mailing if different:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

### Any change in the family situation? (please circle)

YES                      NO

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Now living with (if changed): \_\_\_\_\_

### Updated medical information:

Allergies or illness: \_\_\_\_\_  
Medication: \_\_\_\_\_  
Allergies or illness: \_\_\_\_\_  
Medication: \_\_\_\_\_

PTO

**Names of Parent/Guardian residing with:**

1. Full Name: \_\_\_\_\_ Relationship (eg Mother): \_\_\_\_\_

Home No: \_\_\_\_\_ Work No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship (eg Father): \_\_\_\_\_

Home No: \_\_\_\_\_ Work No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Other emergency contacts & relationship to student:**

1. Full Name: \_\_\_\_\_ Relationship (eg Aunt): \_\_\_\_\_

Home No: \_\_\_\_\_ Work No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship (eg Aunt): \_\_\_\_\_

Home No: \_\_\_\_\_ Work No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Relationship (eg Aunt): \_\_\_\_\_

Home No: \_\_\_\_\_ Work No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Staff Use Only:**

**Information updated by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Finance updated by:** \_\_\_\_\_ **Date:** \_\_\_\_\_