



# Revision of Information Supplied

Name of School:

Suburb:

**Please complete the Legal Surname, Legal First Name and Date of Birth in Section 1 below.**

**Also complete other sections ONLY where the information has changed**  
(since the Application for Enrolment or the last update of enrolment records since enrolment.)

**The Signature/s section must also be completed on Page 12.**

When completing this form, please PRINT CLEARLY in blue or black pen.

## Student Information

### Section 1: Student Personal Details

 A legible copy of the student's **Change of Name Certificate**, (if applicable) must be attached.

**Legal Surname:**

**Preferred Surname:** (to be used only with Principal's approval)

**Legal First Name:**

**Preferred First Name:** (if different from Legal First Name)

**Other Given Name(s):**

**Date of Birth:**

DD/MM/YYYY

**CES Student Id:** (if known):

**Gender:**

C

Male

Female

Unspecified

### Section 2: Student Cultural Background

**Country of Birth\*:**

In which country was the student born?

Australia

Other (Please specify)

**Indigenous Status\*:**

Is the student of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, Both Aboriginal and Torres Strait Islander

**First Language Spoken:**

What is the language that the student identifies, or remembers, as being the first language, which he/she could understand to the extent of being able to conduct a conversation?

English

Other (Please specify)

**Main Language Spoken at Home\*:**

Does the student speak a language other than English at home? If more than one language, indicate the one that is spoken most often.

No, English Only

Yes, Other (Please specify)

**Other Language Spoken at Home:**

Does the student speak another language other than English at home and other than the Main Language Spoken at Home as indicated above?

No

Yes, Other (Please specify)



### Section 3: Student Citizenship

#### Country of Citizenship:

In which country does the student currently hold citizenship?

Australia  (If the student was not born in Australia or, the student was born in Australia and the parents were not born in Australia or were not Australian Citizens, **proof of Australian Citizenship documentation must be provided**)

**Proceed to Section 5: Current/Previous Schooling**

Other Country *(Please specify)*

**Proceed to Section 4: International Details**

### Section 4: Student International Details

Complete this section for students who are NOT Australian Citizens.

 A legible copy of the student's **Visa, Passport (including passport number) and Health Care** documentation must be attached.

 **Country of Passport Issue:**

**Date of Entry to Australia:**

DD/MM/YYYY

 **Visa Sub-Class Number:**

**Health Care Number:**

**Visa Expiry Date:**

DD/MM/YYYY

 **Health Care Expiry Date:**

DD/MM/YYYY

### Section 5: Student Current/Previous Schooling

Provide details of any educational environment which the student currently attends or has previously attended.

 Legible copies of any **Transfer Documentation** should be attached *(if applicable)*.

School Name	Suburb / Town	State	Contact Number <i>(if known)</i>	Year Level(s)	Attended From <i>(Date)</i>	Attended To <i>(Date)</i>
					DD/MM/YYYY	DD/MM/YYYY
					DD/MM/YYYY	DD/MM/YYYY
					DD/MM/YYYY	DD/MM/YYYY

If more space is required, please attach a separate page.

### Section 6: Student Religious Background

#### Is the Student Catholic ?

Yes.  A legible copy of the student's **Baptismal Certificate** is attached and details of any **Sacraments Received** are provided below

No. Other Religion *(Please specify)*

#### Sacraments Received:

Baptism	Date Received:	DD/MM/YYYY	Parish:	Suburb:
Reconciliation	Date Received:	DD/MM/YYYY	Parish:	Suburb:
Eucharist	Date Received:	DD/MM/YYYY	Parish:	Suburb:
Confirmation	Date Received:	DD/MM/YYYY	Parish:	Suburb:



## Related Persons' Information - #1

### Section 7: Related Persons' Personal Details - Parent/Legal Guardian/Caregiver 1

**Legal Surname:**

**Legal First Name:**

**Other Given Name(s):**

**Preferred Surname:**

*(If different from Legal Surname)*

**Preferred First Name:**

*(If different from Legal First Name)*

**Title:** Mr Mrs Miss Ms Dr Pro Fr Sr Br Rev

**Gender:** Male Female

**Date of Birth:** DD/MM/YYYY

### Section 8: Related Persons' Cultural Background - Parent/Legal Guardian/Caregiver 1

**Country of Birth:**

*Where was this person born?*

Australia

Other Country *(Please specify)*

**Country of Passport Issue:**

*If not eligible for an Australian passport.*

**Main Language Spoken at Home\*:**

*Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.*

No, English Only

Yes, Other *(Please specify)*

**Other Language Spoken at Home:**

*Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?*

No, English Only

Yes, Other *(Please specify)*

**Religion:**

**Parish of Worship:** *(If applicable)*

### Section 9: Related Persons' General Information - Parent/Legal Guardian/Caregiver 1

**Occupation Group\*:**

*What is the occupation group of the parent/caregiver?*

Select the appropriate parental occupation group number from the attached list in **Appendix 1** in the Notes Booklet, and write the number in the box at right.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

**Highest School Level\*:**

*What is the highest year of primary or secondary school the parent/caregiver has completed?*

For persons who have never attended school, mark "Year 9 or equivalent or below".

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

**Highest Qualification Level\*:**

*What is the level of the highest qualification the parent/caregiver has completed?*

Bachelor degree or above

Advanced diploma/  
Diploma

Certificate I to IV (including trade certificate)

No non-school qualification

## Section 9: Related Persons' General Information *continued*- Parent/Legal Guardian/Caregiver 1

### Occupation Group\*:

Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

### Workplace:

Provide the name of the parent/caregiver's workplace. (eg Cairns Regional Council, Cairns Hospital, Coles)

### Talents:

Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

### Interests:

Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

## Section 10: Related Persons' Address Information- Parent/Legal Guardian/Caregiver 1

### Residential Address Details

#### Street Address:

Suburb/Town:

State:

Postcode:

Country *(if not Australia)*:

### Postal/Correspondence Address Details

Same as Residential address

#### Street Address:

Suburb/Town:

State:

Postcode:

Country *(if not Australia)*:

### Residential (Alternative) Address Details *(if required)*

#### Street Address:

Suburb/Town:

State:

Postcode:

Country *(if not Australia)*:

## Section 11: Related Persons' Contact Information- Parent/Legal Guardian/Caregiver 1

### Contact Method Type

Home Telephone Number:

Mobile Telephone Number:

Email Address:

Work Telephone Number:

Work Mobile Telephone Number:

Work Email Address:

Comments:

OrderType

Silent

Indicate best contact order for this person

Are these numbers silent?  
Y/N



**Section 12: Related Persons' Relationship to the Student- Parent/Legal Guardian/Caregiver 1**

**What is the relationship of this person to the student?** *(Tick one (1) only)*

Mother	Home Stay Parent	Foster Brother	Friend
Father	Sister	Home Stay Sister	Doctor
Step Mother	Brother	Home Stay Brother	Dentist
Step Father	Half Sister	Aunt	Reg. Exchange Org
Foster Mother	Half Brother	Uncle	Care Provider
Foster Father	Step Sister	Niece	Counsellor/Social Worker
Grandmother	Step Brother	Nephew	Agent
Grandfather	Foster Sister	Cousin	Legal Guardian <small>(for Dept. of Communities only)</small>

**Does this person perform any of the following roles in regards to the student?**

**Emergency Contact:**                      **Yes**                      **No**

If **YES**, indicate the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency

**1st priority**                      **2nd priority**

**Legal Guardian:** If this person is not a birth or adoptive parent, then legal documentation must be attached.

**Yes**                      **No**

**Caregiver:**                      A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

**Yes**                      **No**

**Main Contact:**                      A student must have one (1) main contact.

**Yes**                      **No**

**Is this person to receive any of the following forms of Communication?**

Report Cards/Progress Reports:	<b>Yes</b>	<b>No</b>	School Portal Access:	<b>Yes</b>	<b>No</b>
Newsletters:	<b>Yes</b>	<b>No</b>	Receive SMS	<b>Yes</b>	<b>No</b>
Invitations / eLearning:	<b>Yes</b>	<b>No</b>	Parent Slips (LG Only)	<b>Yes</b>	<b>No</b>

**Does this person reside with the student?**

**Yes**                      **No**

**Does this person require the assistance of an interpreter?**

**Yes**                      **No**



## Related Persons' Information #2

### Section 13: Related Persons' Personal Details - Parent/Legal Guardian/Caregiver 2

**Legal Surname:**

**Legal First Name:**

**Other Given Name(s):**

**Preferred Surname:**

*(If different from Legal Surname)*

**Preferred First Name:**

*(If different from Legal First Name)*

**Title:** Mr Mrs Miss Ms Dr Pro Fr Sr Br Rev

**Gender:** Male Female

**Date of Birth:** DD/MM/YYYY

### Section 14: Related Persons' Cultural Background - Parent/Legal Guardian/Caregiver 2

**Country of Birth:**

*Where was this person born?*

Australia

Other Country *(Please specify)*

**Country of Passport Issue:**

*If not eligible for an Australian passport.*

**Main Language Spoken at Home\*:**

*Does the parent/caregiver speak a language other than English at home? If more than one language, indicate the one that is spoken most often.*

No, English Only

Yes, Other *(Please specify)*

**Other Language Spoken at Home:**

*Does the parent/caregiver speak another language other than English at home and other than the Main Language Spoken at Home as indicated previously?*

No, English Only

Yes, Other *(Please specify)*

**Religion:**

**Parish of Worship:** *(If applicable)*

### Section 15: Related Persons' General Information - Parent/Legal Guardian/Caregiver 2

**Occupation Group\*:**

*What is the occupation group of the parent/caregiver?*

Select the appropriate parental occupation group number from the attached list in **Appendix 1** in the Notes Booklet, and write the number in the box at right.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box above.

**Highest School Level\*:**

*What is the highest year of primary or secondary school the parent/caregiver has completed?*

For persons who have never attended school, mark "Year 9 or equivalent or below".

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

**Highest Qualification Level\*:**

*What is the level of the highest qualification the parent/caregiver has completed?*

Bachelor degree or above

Advanced diploma/  
Diploma

Certificate I to IV (including trade certificate)

No non-school qualification



**Section 15: Related Persons' General Information *continued*- Parent/Legal Guardian/Caregiver 2**

**Occupation Group\*:**

Describe the type of work, if any, which the parent/caregiver undertakes. (eg plumber, fire fighter, shop assistant, homemaker, nurse, pensioner, student)

**Workplace:**

Provide the name of the parent/caregiver's workplace. (eg Cairns Regional Council, Cairns Hospital, Coles)

**Talents:**

Indicate any special talents the parent/caregiver possesses which may be of benefit to the school community.

**Interests:**

Indicate any special interests the parent/caregiver possesses which may be of benefit to the school community.

**Section 16: Related Persons' Address Information- Parent/Legal Guardian/Caregiver 2**

**Residential Address Details**

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** *(if not Australia):*

**Postal/Correspondence Address Details**

Same as Residential address

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** *(if not Australia):*

**Residential (Alternative) Address Details** *(if required)*

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** *(if not Australia):*

**Section 17: Related Persons' Contact Information- Parent/Legal Guardian/Caregiver 2**

**Contact Method Type**

**Home Telephone Number:**

**Mobile Telephone Number:**

**Email Address:**

**Work Telephone Number:**

**Work Mobile Telephone Number:**

**Work Email Address:**

**Comments:**

**OrderType**

**Silent**

Indicate best contact order for this person

Are these numbers silent?  
Y/N



**Section 18: Related Persons' Relationship to the Student- Parent/Legal Guardian/Caregiver 2**

**What is the relationship of this person to the student?** *(Tick one (1) only)*

Mother	Home Stay Parent	Foster Brother	Friend
Father	Sister	Home Stay Sister	Doctor
Step Mother	Brother	Home Stay Brother	Dentist
Step Father	Half Sister	Aunt	Reg. Exchange Org
Foster Mother	Half Brother	Uncle	Care Provider
Foster Father	Step Sister	Niece	Counsellor/Social Worker
Grandmother	Step Brother	Nephew	Agent
Grandfather	Foster Sister	Cousin	Legal Guardian <small>(for Dept. of Communities only)</small>

**Does this person perform any of the following roles in regards to the student?**

**Emergency Contact:**                      **Yes**                      **No**

If **YES**, indicate the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency

**1st priority**                      **2nd priority**

**Legal Guardian:** If this person is not a birth or adoptive parent, then legal documentation must be attached.

**Yes**                      **No**

**Caregiver:**                      A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

**Yes**                      **No**

**Main Contact:**                      A student must have one (1) main contact.

**Yes**                      **No**

**Is this person to receive any of the following forms of Communication?**

Report Cards/Progress Reports:	<b>Yes</b>	<b>No</b>	School Portal Access:	<b>Yes</b>	<b>No</b>
Newsletters:	<b>Yes</b>	<b>No</b>	Receive SMS	<b>Yes</b>	<b>No</b>
Invitations / eLearning:	<b>Yes</b>	<b>No</b>	Parent Slips (LG Only)	<b>Yes</b>	<b>No</b>

**Does this person reside with the student?**

**Yes**                      **No**

**Does this person require the assistance of an interpreter?**

**Yes**                      **No**



## Additional Student Information

### Section 14: Student Address Information

#### Residential Address Details

Same as Parent\Legal Guardian\Caregiver1

Same as Parent\Legal Guardian\Caregiver2

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

#### Residential (Alternative) Details (If required)

Same as Parent\Legal Guardian\Caregiver1

Same as Parent\Legal Guardian\Caregiver2

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

### Section 15: Student Contact Information

#### Contact Method Type

Home Telephone Number:

Mobile Telephone Number:

Email Address:

Home (Alternative) Number:  
(If required)

OrderType

Silent

Indicate best contact order for the student

Are these numbers silent?  
Y/N

### Section 16: Student Medical Information

Does the student have a medical condition of which the school should be aware?

Yes. Provide details below.

No. **Proceed to Section 17: Student Specialist Assessments**

Condition	Requires Medication#		Has Medical Action Plan#		Brief Description of Condition and Treatment
Allergy	Yes	No	Yes	No	
Anaphylaxis	Yes	No	Yes	No	
Asthma	Yes	No	Yes	No	
Diabetes Mellitus Type 1	Yes	No	Yes	No	
Epilepsy	Yes	No	Yes	No	
Febrile Convulsions	Yes	No	Yes	No	
Other (please specify)	Yes	No	Yes	No	

#Note that if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on the student's file.



## Section 17: Student Specialist Assessments

---

**Has the student had any recent allied health or medical specialist assessments of which the school should be aware?** (eg an assessment by a speech pathologist, behavioural psychologist, orthopaedic specialist, paediatrician etc.)

Yes.  Provide details below and ensure a legible copy of any **relevant health or medical assessment report(s)** is attached.

No. **Proceed to Section 17: Educational Support Information**

## Section 18: Educational Support Information

---

**Does the student have any educational support requirements of which the school should be aware?**

Yes. Respond to the questions below.

No. **Proceed to Section 19: Legal Information**

Describe any physical, social/emotional, and/or learning needs of the student which may impact on duty of care and / or participation in school.

Has the student been diagnosed with a disability? If so, provide details.

Has the student been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, provide details.

If the student is from interstate or overseas, describe the educational support provided.

## Section 19: Legal Information

Is the student in Care of the State?

Yes No

Are there any legal issues concerning the student of which the school should be aware?

Yes.  Provide details below and ensure a legible copy of any relevant legal document(s) is attached.

No. **Proceed to Section 20: Sibling Information**

Type	Legal First Name and Surname of the person for whom the document is issued	Effective From (Date)	Effective To (Date)
Parenting Order		DD/MM/YYYY	DD/MM/YYYY
Parenting Agreement		DD/MM/YYYY	DD/MM/YYYY
Domestic Violence Order		DD/MM/YYYY	DD/MM/YYYY
Apprehended Violence Order		DD/MM/YYYY	DD/MM/YYYY
Child Protection Order		DD/MM/YYYY	DD/MM/YYYY
Other Caring Arrangement <i>(Please specify);</i>		DD/MM/YYYY	DD/MM/YYYY
Legal Guardianship Documentation		DD/MM/YYYY	DD/MM/YYYY

## Section 20: Sibling Information

Does the student have any siblings attending an education environment or other younger non-school age siblings?

Yes. Provide details below.

No. **Proceed to Section 21: Additional Information**

	Sibling 1		Sibling 2		Sibling 3		Sibling 4	
Legal Surname								
Preferred Surname								
Legal First Name								
Relationship to Student								
Date of Birth	DD/MM/YYYY		DD/MM/YYYY		DD/MM/YYYY		DD/MM/YYYY	
School Name and Suburb (If applicable)								
Class (If applicable)								
House (If applicable)								
Resides with Student?	Yes	No	Yes	No	Yes	No	Yes	No



## Section 21: Additional Information

---

**Is there any other information which you believe may assist with this application for enrolment?**

Yes. Provide details below.

No. ***Proceed to Check List***



## Checklist

Please complete this Check List and attach any documents relevant to this Revision of Information Supplied form

**Note that original documents will need to be sighted.**

Documents provided:

Australian Citizenship Documentation	Yes	No	Not Applicable
Current Passport	Yes	No	Not Applicable
Current Visa	Yes	No	Not Applicable
Health Care Documentation	Yes	No	Not Applicable
Current/Previous School Transfer Documentation	Yes	No	Not Applicable
Last two Academic Reports	Yes	No	Not Applicable
Most recent NAPLAN Results	Yes	No	Not Applicable
Baptism Certificate	Yes	No	Not Applicable
Legal Documentation – Related Persons	Yes	No	Not Applicable
Health or Medical Assessment Reports	Yes	No	Not Applicable
Legal Documentation – Student	Yes	No	Not Applicable
Application Fee	Yes	No	Not Applicable
Reference	Yes	No	Not Applicable
Supporting Information (eg Folio of relevant merit certificates, awards)	Yes	No	Not Applicable

## Signature(s)

### I declare that:

- The information provided in this form is a full and frank disclosure of changed information pertinent to the student noted on this form.

### I understand that:

- I have an obligation to inform the school of any change to information previously provided.
- I have an ongoing obligation to provide the school with relevant, current information about the student prior to, or for the period of, enrolment at the school.

**SIGNATURE** of Parent or Legal Guardian 1



**SIGNATURE** of Parent or Legal Guardian 2



**PRINT NAME** of Parent or Legal Guardian 1

**PRINT NAME** of Parent or Legal Guardian 2

**RELATIONSHIP** to Student

**RELATIONSHIP** to Student

**DATE SIGNED**

DD/MM/YYYY

**DATE SIGNED**

DD/MM/YYYY