



# MANSFIELD STATE HIGH SCHOOL CHANGE OF DETAILS

STUDENT NAME: \_\_\_\_\_ FORM: \_\_\_\_\_

MSHS SIBLING NAME: \_\_\_\_\_ FORM: \_\_\_\_\_

MSHS SIBLING NAME: \_\_\_\_\_ FORM: \_\_\_\_\_

**DO YOU HAVE STUDENTS AT ANOTHER STATE PRIMARY OR SECONDARY SCHOOL?**

If so, we cannot update their details, please contact their school immediately to update their details.

Please only complete details which require changing:

**Student Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Student Home Phone No.:** \_\_\_\_\_

**Parent/Caregiver 1:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**Parent/Caregiver 2:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**Invoicing:** All invoices to be sent to: (circle) **PARENT/CAREGIVER 1** or **PARENT/CARGIVER 2**

**Add Emergency Contacts:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Delete Emergency Contacts:** Name: \_\_\_\_\_

**Other Changes:** eg. name, religion, custody, medical requirements

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:** Student OneSchool Record Changed by: \_\_\_\_\_ Date: \_\_\_\_\_