

**Hebersham Campus**  
 39 Mackellar Road,  
 Hebersham NSW 2770  
 PO Box 93, Plumpton NSW 2761  
 Ph: 02 9011 5335  
 Office Hours: Mon – Fri 8:00am – 3:30pm  
[info@byc.nsw.edu.au](mailto:info@byc.nsw.edu.au)  
[www.blacktownyouthcollege.nsw.edu.au](http://www.blacktownyouthcollege.nsw.edu.au)



**Lawson Campus**  
 16 Yileena Avenue,  
 Lawson NSW 2783  
 PO Box 197, Lawson NSW 2783  
 Ph: 02 9011 5335  
 Office Hours: Mon – Fri 8:30am – 3:30pm  
[info@byc.nsw.edu.au](mailto:info@byc.nsw.edu.au)  
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ABN: 82 125 846 982

## STUDENT CHANGE OF DETAILS FORM

1. Please complete the student's details for all change requests
2. Only complete other sections that require updating and return to the school office. **If applicable, Supporting document MUST be provided**

### Student Details

Student's Full Name: \_\_\_\_\_

### Reason for change:

- New Address     
  New Contact Details     
  New Emergency Contact  
 New Custody Details     
  Updating Medical Information / Condition/s  
 Other: (ie. To Add/Delete Caregiver Details, and specify which caregiver is to be deleted)
- \_\_\_\_\_

### Student Living Status: (Please tick appropriate box)

- Parent1/Caregiver1   
  Parent2/Caregiver2   
  Guardian   
  Relatives   
  Foster Family   
  Friends

Do these changes apply to any other siblings enrolled at Blacktown Youth College? YES  NO

If Yes, name of sibling/s: \_\_\_\_\_

### Parent 1/Caregiver1 Details:

Mr / Mrs / Ms / Miss	Surname:	First Name:
Relationship to Student:		Date of Birth:
Residential Address:		Postal Address: (If different from Residential Address):
Contact Numbers: (H) _____ (W) _____ (M) _____		Email Address:  Authorised to pick student up: YES <input type="checkbox"/> NO <input type="checkbox"/>

### Parent 2/Caregiver2 Details:

Mr / Mrs / Ms / Miss	Surname:	First Name:
Relationship to Student:		Date of Birth:
Residential Address:		Postal Address: (If different from Residential Address):
Contact Numbers: (H) _____ (W) _____ (M) _____		Email Address:  Authorised to pick student up: YES <input type="checkbox"/> NO <input type="checkbox"/>

**Emergency Contact Details** (Important: Must be a person not living with you)

Priority	Name	Relationship to Student	Contact Phone Numbers
1			(H) _____ (W) _____ (M) _____
2			(H) _____ (W) _____ (M) _____
3			(H) _____ (W) _____ (M) _____

**Medical Information / Conditions:** (When applicable supporting documents MUST be provided)

Medical Condition: YES <input type="checkbox"/> NO <input type="checkbox"/>	Details: _____		
Medication: YES <input type="checkbox"/> NO <input type="checkbox"/>	Details: _____		
Allergies: YES <input type="checkbox"/> NO <input type="checkbox"/>	Details: _____		
Doctor: _____	Phone Number: _____	Address: _____	Medicare No.: _____

**Custody / Access Details:** (When applicable supporting documents MUST be provided)

Are there any current Family Court or other Court Orders concerning welfare, safety or parenting arrangements of your child/children: YES <input type="checkbox"/> NO <input type="checkbox"/>	I have provided a copy of only current Court Orders: YES <input type="checkbox"/> NO <input type="checkbox"/>
Details: _____	
<b>Family Service Details:</b> FACs <input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Other <input type="checkbox"/> : _____ Name of Officer: _____ Office Location: _____ Contact Numbers: (W) _____ (M) _____	

I understand that all Conditions of Enrolment, as originally agreed, still apply.

I/We declare that the information I have provided is accurate and complete.

Parent/Caregiver/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office use only</b>	Received On: _____	Entered by: _____	Supporting documents attached: YES <input type="checkbox"/> NO <input type="checkbox"/> (If Applicable)
		Date Entered: _____	