

## STUDENT INFORMATION UPDATE FORM

<b>STUDENT'S NAME:</b>		<b>CLASS</b>	
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ADDRESS DETAILS				
Home Address				
Mailing Title				
Address Line 1				
Address Line 2				
Suburb/Town		State		Postcode

FAMILY DETAILS		
Names of adults with whom this student lives	Parent/Caregiver 1	Parent/Caregiver 2
Family Name		
Given Names		
Title		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship To Student		
Occupation		
Work Location		
Work Phone		
Work Mobile		
Home Phone		
Home Mobile		
E-Mail		

EMERGENCY CONTACT DETAILS (Parent/Caregivers are automatically the 1 <sup>st</sup> and 2 <sup>nd</sup> emergency contact unless otherwise stated)		
	Emergency Contact 3	Emergency Contact 4
Name		
Relationship (eg Aunt)		
Home Phone		
Work Phone		
Home Mobile		
Work Mobile		

PTO

<b>EMERGENCY CONTACT DETAILS</b> (Parent/Caregivers are automatically the 1 <sup>st</sup> and 2 <sup>nd</sup> emergency contact unless otherwise stated)		
	<b>Emergency Contact 5</b>	<b>Emergency Contact 6</b>
<b>Name</b>		
<b>Relationship</b> (eg Aunt)		
<b>Home Phone</b>		
<b>Work Phone</b>		
<b>Home Mobile</b>		
<b>Work Mobile</b>		

<b>MEDICAL INFORMATION (including allergies)</b>	
<b>Doctor's Name</b>	
<b>Doctor's Address</b>	
<b>Doctor's Phone Number</b>	
Should your child need to take medication during school hours an Authority to Administer Medication to Students Form will need to be completed each year and retained at the office.	

<b>STUDENT ACCESS</b>	
<b>Is there any limitation(s) on contact between the student and a parent or another person?</b> If yes, attach a copy of current Court Order or registered parenting plan that contains the limitation(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>OTHER INFORMATION</b>
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<b>SIGNATURES</b>		
	<b>Parent/Caregiver 1/Independent Student</b>	<b>Parent/Caregiver 2</b>
<b>Signature</b>		
<b>Date</b>		

<b>OFFICE USE</b>		
<b>Completed (Date)</b>	<b>Name</b>	<b>Signature</b>

