**STUDENT INFORMATION UPDATE FORM**

**Student Information**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Given Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Year Level: ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12

Students Residential Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Transport Details: ☐ Walk ☐ Car ☐ Bicycle ☐ Bus - Route: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the parent/carer to be associated with other student(s) at this school and are they residing with you:**

* Yes ☐ No

If yes, provide name of student(s) and year level(s):

|  |  |  |
| --- | --- | --- |
| Student Name:  Year Level: | Student Name:  Year Level: | Student Name:  Year Level: |

|  |  |  |
| --- | --- | --- |
| **Parent/Carers** | **Parent 1** | **Parent 2** |
| Name: |  |  |
| Home Address: |  |  |
| Postal Address: |  |  |
| Email: |  |  |
| Mobile: |  |  |
| Home Phone: |  |  |
| Work Phone: |  |  |
| Employer Name: |  |  |
| Occupation: |  |  |
| School Education | * Year 9 or equivalent or below * Year 10 or equivalent * Year 11 or equivalent * Year 12 or equivalent | * Year 9 or equivalent or below * Year 10 or equivalent * Year 11 or equivalent * Year 12 or equivalent |
| Non-School Education | * Cert. I to IV (including Trade Cert) * Advanced Diploma/Diploma * Bachelor degree or above * No non-school qualifications | * Cert. I to IV (including Trade Cert) * Advanced Diploma/Diploma * Bachelor degree or above * No non-school qualifications |
| Person Responsible for Student Finances | Please fill in a Student Resource Participation Agreement Form. | Please fill in a Student Resource Participation Agreement Form. |

**Emergency Contacts in the event where Parent/Legal Guardian/Caregiver is unable to be contacted.**

|  |  |
| --- | --- |
| Emergency Contact 1  Name: \_ Home Phone: Mobile:  Relationship to Student: \_ | Emergency Contact 2  Name: \_ Home Phone: Mobile:  Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Emergency Contact 3  Name: \_ Home Phone: Mobile:  Relationship to Student: \_ | Emergency Contact 4  Name: \_ Home Phone: Mobile:  Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Student Medical Information: (Including allergies)**

Please note: If deemed necessary, an ambulance will be called to treat your student. All efforts will be made to contact parents/caregivers.

Medical condition(s): \_ Symptoms: Management: Medication: \_ Is there an Individual Management Plan available for your student if necessary for anaphylaxis, diabetes, asthma, epilepsy or other conditions?

Yes No If yes, please provide a copy to the school

If student is taking medication, a letter is required from a Doctor/Parent with dosage details of medication. Medication MUST be supplied in original packet/bottle with label from pharmacy and all required school documentation will need to be completed.

**Consent**

By signing this form, you are confirming that all information is true and correct.

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

**OFFICE USE ONLY**

Received On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processed: Signed: \_\_\_\_\_\_\_\_\_\_\_\_