

OFFICE USE ONLY

Received on: _____

Time: _____

Received by: _____

UPDATE NEW INFORMATION**Student Information**

Surname: _____ Given Names: _____

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

Student Mobile Phone Number: _____

Address Student Residing at: _____

Student Transport details: Walk ☐ Car ☐ Bicycle ☐ Train / Bus ☐

Route and Bus Number _____

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: _____	Student Name: _____	Student Name: _____
Year Level: _____	Year Level: _____	Year Level: _____

Parents/carers (please circle)	1. Parent/ Guardian/Child Safety Officer	2. Parent/Guardian/Child Safety Officer
Relationship to student		
Name		
Home Address		
Postal Address		
Email		
Mobile		
Home Phone		
Work Phone		
Employer Name		
Occupation		
Parent /Carer school education	<input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent
Parent /Carer non-school education	<input type="checkbox"/> Cert. 1 to IV (including Trade Cert) <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> No non-school qualifications	<input type="checkbox"/> Cert. 1 to IV (including Trade Cert) <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> No non-school qualifications

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

<p style="text-align: center;">Emergency Contact 1</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Relationship to Student: _____</p>	<p style="text-align: center;">Emergency Contact 2</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Relationship to Student: _____</p>
<p style="text-align: center;">Emergency Contact 3</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Relationship to Student: _____</p>	<p style="text-align: center;">Emergency Contact 4</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Relationship to Student: _____</p>

Student Medical Information: (including allergies)

Please note: If deemed necessary, an ambulance will be called to treat 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 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:** ____/____/____

Finance Agreement

Person responsible for student(s) finances while enrolled at this school: Name(s) _____

Relationship to Student: _____

As of ____/____/____, the following parties agree to distribution of school fees for _____ as follows:

Parent/Guardians Name: _____ % Signature: _____ Date: ____/____/____

Parent/Guardians Name: _____ % Signature: _____ Date: ____/____/____

Please note: Percentages must add to 100%

OFFICE USE ONLY

This form to go to Finance first for removal of Invoices (if necessary) then Student Services then returned to Finance for adding of Invoices (if necessary)

1. Invoices Removed Yes/No

2. One School Updated Yes/No

3. New Invoices Applied Yes/No

Date: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Signature : _____