



# STUDENT ENROLMENT DETAILS UPDATE

*In order to keep our student data as accurate as possible please complete the following form*

## STUDENT/S NAME:

SURNAME	GIVEN NAME	DATE OF BIRTH	CLASS

## STUDENT/S ADDRESS:

RESIDENTIAL ADDRESS	
SUBURB/TOWN:	POSTCODE:
POSTAL ADDRESS (if different from Residential)	
SUBURB/TOWN:	POSTCODE:

## PARENT/CAREGIVER (1) DETAILS:

NAME		RELATIONSHIP TO STUDENT	
RESIDES WITH STUDENT:	YES / NO	OR	PARENT ADDRESS IF DIFFERENT FROM STUDENT
SUBURB/TOWN:	POSTCODE:	IS THE PARENT/CARER AN EMERGENCY CONTACT?	
		YES NO	
HOME TELEPHONE	HOME MOBILE	WORK TELEPHONE	WORK MOBILE
OCCUPATION and WORKPLACE		EMAIL ADDRESS	

## PARENT/CAREGIVER (2) DETAILS:

NAME		RELATIONSHIP TO STUDENT	
RESIDES WITH STUDENT:	YES / NO	OR	PARENT ADDRESS IF DIFFERENT FROM STUDENT
SURBURB:	POSTCODE:	IS THE PARENT/CARER AN EMERGENCY CONTACT?	
		YES NO	
HOME TELEPHONE	HOME MOBILE	WORK TELEPHONE	WORK MOBILE
OCCUPATION and WORKPLACE		EMAIL ADDRESS	

(Please turn over)

**EMERGENCY CONTACTS:** (Other than parent – used if parent/carers cannot be contacted)

NAME		RELATIONSHIP TO STUDENT	
HOME TELEPHONE	HOME MOBILE	WORK TELEPHONE	WORK MOBILE

NAME		RELATIONSHIP TO STUDENT	
HOME TELEPHONE	HOME MOBILE	WORK TELEPHONE	WORK MOBILE

NAME		RELATIONSHIP TO STUDENT	
HOME TELEPHONE	HOME MOBILE	WORK TELEPHONE	WORK MOBILE

**MEDICAL DETAILS:**

STUDENT NAME	MEDICAL CONDITION
SYMPTOMS AND MANAGEMENT	

STUDENT NAME	MEDICAL CONDITION
SYMPTOMS AND MANAGEMENT	

STUDENT NAME	MEDICAL CONDITION
SYMPTOMS AND MANAGEMENT	

STUDENT NAME	MEDICAL CONDITION
SYMPTOMS AND MANAGEMENT	

**OTHER INFORMATION:**

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Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_