

STUDENT ENROLMENT DETAILS UPDATE

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

OTUDENT/O NAME:					
STUDENT/S NAME:		CI\	/EN NAME	DATE OF BIRTH	CLASS
SURNAME		GIV	YEN NAME	DATE OF BIRTH	CLASS
STUDENT/S ADDRES	SS:				
OTOBEITITO TIBBLIE	.	RESIDENTIA	AL ADDRESS		
				T	
SUBURB/TOWN:				POSTCODE:	
	POST	AL ADDRESS (if d	ifferent from Residentia])	
	1 0017	TE TED TESS (II d	moretti mem mediaentia	.,	
SUBURB/TOWN:				POSTCODE:	
PARENT/CAREGIVER	R (1) DETA	VLS:			
	AME		REL	ATIONSHIP TO STUDE	NT
RESIDES WITH STUDENT:	YES / NO	OR	PARENT ADDRI	ESS IF DIFFERENT FRO	OM STUDENT
SUBURB/TOWN:		POSTCOD	E. IS THE PAREN	T/CARER AN EMERGE	NCY CONTACT?
OODOND/ TOWN		1001000	L. IO THE FAHEN		NOT CONTACT:
				YES NO	
HOME TELEPHONE	HOME	E MOBILE	WORK TELEPHO	NE WO	RK MOBILE
OCCUPATION and WORKPLACE		L EMAIL ADDRESS			
DADENIT/CADECIL/EI) (2) DETA	V// C+			
PARENT/CAREGIVER	AME	IILU•	DEI.	ATIONSHIP TO STUDE	NT
IV	WIL		TILL	THORIGINI TO STUDE	
RESIDES WITH STUDENT:	YES / NO	OR	PARENT ADDRI	ESS IF DIFFERENT FRO	OM STUDENT
SURBURB:		POSTCOD	E: IS THE PAREN	T/CARER AN EMERGE	NCY CONTACT:
				YES NO	
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HOME TELEPHONE	HOME	E MOBILE	WORK TELEPHO	JINE WO	RK MOBILE
OCCUPATION and WORKPLACE		EMAIL ADDRESS			

(Please turn over)

NAM		rent - used if parent/cai		
HOME TELEPHONE	HOME MOBILE	WORK TELEPHONE	WORK MOBILE	
NAM	E	RELATIONSHIP	TO STUDENT	
HOME TELEPHONE	HOME MOBILE	WORK TELEPHONE	WORK MOBILE	
NAME		RELATIONSHIP TO STUDENT		
HOME TELEPHONE	HOME MOBILE	WORK TELEPHONE	WORK MOBILE	
EDICAL DETAILS:				
STUDENT NAME		MEDICAL CONDITION		
	SYMPTOMS AN	ID MANAGEMENT		
STUDENT	NAME	MEDICAL C	ONDITION	
	SYMPTOMS AN	ID MANAGEMENT		
STUDENT	NAME	MEDICAL C	ONDITION	
	SYMPTOMS AN	ID MANAGEMENT		
STUDENT	NAME	MEDICAL CONDITION		
	SYMPTOMS AN	ID MANAGEMENT		
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