

<b>INFORMATION and EMERGENCY CONTACT FORM</b>
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<b>Student Details</b>
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Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender F M

Eldest in Family Y/N

Does the student receive School Card Assistance? Y/N

Does the student identify with a non-English speaking culture? Y/N

If so, which culture? \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Religion\* \_\_\_\_\_

Country of Birth \_\_\_\_\_

Is the student Aboriginal or Torres Strait Islander? Y/N

Did the student attend the Intensive Language Centre? Y/N

<b>Biological Parent 1 or Legal Guardian 1</b>
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Title (Mr Mrs Ms) \_\_\_\_\_ Gender F M

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Relationship to student \_\_\_\_\_

Occupation \_\_\_\_\_

Full/Part time? \_\_\_\_\_

Work Location \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Ext \_\_\_\_\_

Does this Parent or Guardian identify with a non-English speaking culture? Y/N

If so, which culture?\* \_\_\_\_\_

Country of Birth\* \_\_\_\_\_

Which languages, other than English are spoken at home?  
\_\_\_\_\_

Does this parent or Guardian require an interpreter? Y/N

\* Parent or Guardian may elect to NOT answer this question

<b>Biological Parent 2 or Legal Guardian 2</b>
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Title (Mr Mrs Ms) \_\_\_\_\_ Gender F M

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Relationship to student \_\_\_\_\_

Occupation \_\_\_\_\_

Full/Part time? \_\_\_\_\_

Work Location \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Ext \_\_\_\_\_

Does this Parent or Guardian identify with a non-English speaking culture? Y/N

If so, which culture?\* \_\_\_\_\_

Country of Birth\* \_\_\_\_\_

Which languages, other than English are spoken at home?  
\_\_\_\_\_

Does this parent or Guardian require an interpreter? Y/N

\* Parent or Guardian may elect to NOT answer this question

<b>Addresses</b>
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**Home Address**

\_\_\_\_\_

Phone No \_\_\_\_\_ Mobile Phone No \_\_\_\_\_

**Postal Address** (If different from Home Address) Suburb

\_\_\_\_\_

**E mail Address** \_\_\_\_\_

P.T.O.

### Exception Address for Correspondence

Address of a Biological Parent or Legal Guardian **not living** with the student, who wishes to receive correspondence from the school

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/Town \_\_\_\_\_ P/C \_\_\_\_\_

Phone No: \_\_\_\_\_

### Brothers and Sisters

Name	Gender	Date of Birth	Attends this School
_____	F M	/ /	Y N
_____	F M	/ /	Y N
_____	F M	/ /	Y N
_____	F M	/ /	Y N

### Emergency Contacts if Parent or Guardian is unable to be contacted

Priority	Name	Relationship	Phone
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

### Relevant Medical Conditions

Condition	Symptoms and Treatment Details
_____	_____
_____	_____
Has your child ever taken Asthma Medication e.g. Ventolin or Bricanyl	Y N
Do you have a concern with your child's hearing? Y N	eyesight? Y N
Has your child had measles? Y N	Is your child fully immunised? Y N

### Details of Student's Doctor

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Permission to call: Doctor Y N Ambulance Y N Medicare No. \_\_\_\_\_

### Other Details

Is this student subject to a custody order? Y N Has the school sighted the custody order? Y N

Notes \_\_\_\_\_

SIGNED.....Parent/Guardian

DATED ...../...../.....