

INFORMATION and EMERGENCY CONTACT FORM

Student Details

Family Name _____	Does the student identify with a non-English speaking culture? Y/N
Given Names _____	If so, which culture? _____
Preferred Name _____	Language spoken at home _____
Date of Birth _____ / _____ / _____	Religion* _____
Gender F M	Country of Birth _____
Eldest in Family Y/N	Is the student Aboriginal or Torres Strait Islander? Y/N
Does the student receive School Card Assistance? Y/N	Did the student attend the Intensive Language Centre? Y/N

Biological Parent 1 or Legal Guardian 1

Biological Parent 2 or Legal Guardian 2

Title (Mr Mrs Ms) _____ Gender F M	Title (Mr Mrs Ms) _____ Gender F M
Family Name _____	Family Name _____
Given Names _____	Given Names _____
Relationship to student _____	Relationship to student _____
Occupation _____	Occupation _____
Full/Part time? _____	Full/Part time? _____
Work Location _____	Work Location _____
Work Phone No: _____ Ext _____	Work Phone No: _____ Ext _____
Does this Parent or Guardian identify with a non-English speaking culture? Y/N	Does this Parent or Guardian identify with a non-English speaking culture? Y/N
If so, which culture?* _____	If so, which culture?* _____
Country of Birth* _____	Country of Birth* _____
Which languages, other than English are spoken at home? _____	Which languages, other than English are spoken at home? _____
Does this parent or Guardian require an interpreter? Y/N	Does this parent or Guardian require an interpreter? Y/N
<i>* Parent or Guardian may elect to NOT answer this question</i>	<i>* Parent or Guardian may elect to NOT answer this question</i>

Addresses

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/...../.....