



Annual Family Details

Student name _____

Medicare # _____ Exp. Date ___/___/___

Parent / Carer 1

Name: _____

Phone – home: _____

Work: _____ M T W Th F (please circle)

Mobile: _____

Parent / Carer 2

Name: _____

Phone – home: _____

Work: _____ M T W Th F (please circle)

Mobile: _____

Emergency contact details

If parents cannot be contacted, please call:

1. Name _____ phone _____ mobile _____ relationship _____

2. Name _____ phone _____ mobile _____ relationship _____

Has your home address changed? No

Yes Details: _____

Medical details

My child has: Asthma No Yes Details _____

Allergies No Yes Details _____

Permission to publish

The school/Department may publish information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community about school and student activities and recording student participation in noteworthy projects or community service.

This information may include your child’s name, age, class and information collected at school such as photographs, sound and visual recordings of your child, your child’s work and expressions of opinion such as in interactive media.

I have read the above information about publishing student information and

I give permission I do not give permission

Flood/Fire Emergency Contact

I am happy to have my phone contacts given to the person acting as flood/fire warden for my locality so I can be notified in case of emergency. Yes No

Name: _____ Signed: _____ Date: _____