



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:	
HOME TELEPHONE	HOME MOBILE	WORK TELEPHONE	WORK MOBILE
OCCUPATION		EMAIL ADDRESS	

PARENT/CAREGIVER (2) DETAILS:

NAME		RELATIONSHIP TO STUDENT	
RESIDES WITH STUDENT:	YES / NO	OR	PARENT ADDRESS IF DIFFERENT FROM STUDENT
SURBURB:		POSTCODE:	
HOME TELEPHONE	HOME MOBILE	WORK TELEPHONE	WORK MOBILE
OCCUPATION		EMAIL ADDRESS	

(Please turn over)

EMERGENCY CONTACTS: (Other than parent – used if parent/carer 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
SYMPTONS AND MANAGEMENT	

STUDENT NAME	MEDICAL CONDITION
SYMPTONS AND MANAGEMENT	

STUDENT NAME	MEDICAL CONDITION
SYMPTONS AND MANAGEMENT	

STUDENT NAME	MEDICAL CONDITION
SYMPTONS AND MANAGEMENT	

OTHER INFORMATION:

Signed: _____ Date: ____ / ____ / ____