

1. 2. **SURNAME** 

## STUDENT CONTACT UPDATE DETAILS

**GIVEN NAMES** 

**GRADE** 

Please complete the details below and return to the school office so we can record any changes that may be needed, as there have been a number of incidences where the home phones numbers and/or emergency contact numbers have been disconnected and we have not been able to make contact parents/guardians/carers or emergency contacts. If your child/ren has a medical condition please inform the office.

## **CHILD/CHILDREN'S NAMES**

3.					
4.					
5.					
PARENT/GUARDIAN/CARER DETAILS					
1 <sup>ST</sup> Parent/Guardian/Carer		2 <sup>nd</sup> Parent/Guardian/Carer			
Mr/Mrs/Ms/Miss		Mr/Mrs/Ms/Miss			
Sur	name:	Surname:			
Given Names:		Given Names:			
Rela	ationship to child:	Relationship to child:			
Residential Address:		Residential Address:			
Sub	ourb:Postcode:	Suburb:Postcode:			
Postal Address:		Postal Address:			
Sub	ourb: Postcode:	Suburb:Postcode:			
Hor	ne Phone:	Home Phone:			
Mobile Number:		Mobile Number:			
Work Phone:		Work Phone:			
Email Address:		Email Address:			

## EMERGENCY CONTACTS (NOT PARENTS/GUARDIAN/CARERS)

Please ensure that the emergency contact names you provide are people you feel are totally trustworthy to collect your child from school if you cannot be contacted. A friend, neighbour or relative may be your choice but <u>it is important you check that they are willing to be recorded on your child's records as an emergency contact</u>.

	Contact 1	Contact 2	Contact 3
Name			
Relationship			
Home Phone			
Work Phone			
Mobile Phone			

Name:	Signature:	Date: