



# STUDENT RECORDS UPDATE FORM

There have been occasions when the school has not been able to contact parents and/or caregivers during the school day for emergencies. If your address, telephone or emergency contacts have changed since you first enrolled your child/children into this school would you please complete the details below and return it to the school office as soon as possible. These records are kept strictly confidential.

## STUDENT

Name of Student: ..... Yr: .....

Sibling/s: Name: ..... Yr: .....

Name: ..... Yr: .....

## ADDRESS DETAILS

Address: .....

Suburb: ..... Postcode: .....

Home Phone: ..... Medicare No: .....

Email Address: .....

## PARENT/CAREGIVER (Please circle)

Is this a change of Carer?  Yes  No Is there any Court Orders involved?

Parent/Caregiver 1: ..... Parent/Caregiver 2: .....

Work Phone: ..... Work Phone: .....

Mobile Phone: ..... Mobile Phone: .....

## EMERGENCY CONTACTS (Other than parent)

Emergency Contact 1: ..... Relationship: .....

Home/Work Phone: ..... Mobile Phone: .....  
(Please circle)

Emergency Contact 2: ..... Relationship: .....

Home/Work Phone: ..... Mobile Phone: .....  
(Please circle)

Emergency Contact 3: ..... Relationship: .....

Home/Work Phone: ..... Mobile Phone: .....  
(Please circle)

## OTHER – eg Medical etc...

Parent/Caregiver Signature: ..... Date: .....

*Thank you for your cooperation*

Office Use Only

ERN  School Assistant Sign: ..... Date: .....

PLEASE RETURN TO THE SCHOOL OFFICE AS SOON AS POSSIBLE