

# Update Student Details

(Only Update Changes Required)



Family Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

New Address\*\*:  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* NEW PROOF REQUIRED FOR CHANGE OF ADDRESS (e.g. Council Rates, Lease Agreement, Utility Bills, Telephone Bill).**

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

## Emergency Contact Details:

Contact 1: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact 2: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Medical Details:

Allergies: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

\_\_\_\_\_

Medications: (only if required at school) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medicare No: \_\_\_\_\_

I give permission to seek medical attention in case of an emergency

I do NOT give permission to seek medical attention in case of an emergency

*Contact parent in case of an emergency*

OFFICE USE ONLY - UPDATED IN ERN

EMAIL UPDATED IN OUTLOOK