

# Updated Family Contact Details 2022

(Please fill in all fields where applicable)

## Student details:

Student's Family name: \_\_\_\_\_ Student's First name: \_\_\_\_\_

Second name: \_\_\_\_\_ Student's Preferred first name: \_\_\_\_\_

## Please circle if your child is:

Aboriginal

Torres Strait Islander

Both

## Student medical details and health conditions

Student's Medicare number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Medicare card reference number: \_\_\_\_\_

Doctor's name/medical centre (GP): \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Doctor's phone number (*work*): \_\_\_\_\_

Student medical condition/Allergy: \_\_\_\_\_

Does your child need long term Medication in school time: Yes / No

If so what Medication and dosage is required at school:

(Please note that an additional form will need to be completed for any medication administered at school.)

Does your child have Asthma? Yes / No

If yes please attach current Asthma plan

**Note:** Ventolin and spacers are to be supplied to the school for your child's use when needed

Does your child have Anaphylaxis: Yes / No

If yes please attach current ASCIA plan

## Family current address:

Street: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

## Parents/carers with whom this student normally lives:

Mother's Family name: \_\_\_\_\_ Mother's Given name: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Home number: \_\_\_\_\_

Work number: \_\_\_\_\_

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

### OCCUPATION GROUP

Please choose the group that best describes your occupation

Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 16 for more information and examples.

- Group 8 Have not been in paid work in the last 12 months
- Group 4 Machine operators, hospitality staff, assistants, labourers and related workers
- Group 3 Tradespeople, clerks and skilled office, sales and service staff
- Group 2 Other business managers, arts/media/sportspersons and associate professionals
- Group 1 Senior management in large business organisation, government administration and defence, and qualified professionals

Occupation

### SCHOOL EDUCATION

What is the highest level of schooling completed?

For persons who never attended school, mark 'Year 9 or equivalent or below' (mark one box only).

- Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent  Year 9 or equivalent or below

### EDUCATIONAL QUALIFICATIONS

What is the highest qualification completed?

- No non-school qualification  Certificate I to IV (including trade certificate)  Advanced diploma/diploma  Bachelor degree or above

### LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME

Does this parent/carer speak a language other than English at home?

- No, English only  Yes

If yes, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by parent/carer 1

Other language(s) spoken at home

Interpreters may be available during school interviews. Would an interpreter be required?  Yes  No

## Parents/carers with whom this student normally lives:

Father's Family name: \_\_\_\_\_ Father's Given name: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Home number: \_\_\_\_\_

Work number: \_\_\_\_\_

Email address: \_\_\_\_\_

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Does this parent/carer speak a language other than English at home?

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Interpreters may be available during school interviews. Would an interpreter be required?  Yes  No

## Court orders or AVO's

Are there any Court Orders or AVO's that involve your child? YES / NO

If yes please provide a copy to the school office.

**Parents/carers NOT living with this student (Please complete the relevant sections only)**

Mother's Family name: \_\_\_\_\_ Mother's Given name: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Home number: \_\_\_\_\_

Work number: \_\_\_\_\_

Email address: \_\_\_\_\_

Father's Family name: \_\_\_\_\_ Father's Given name: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Home number: \_\_\_\_\_

Work number: \_\_\_\_\_

Email address: \_\_\_\_\_

Current address:

Street: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Other parent receives academic reports: Yes / No

If yes (please circle) would you like the reports mailed, emailed or sent home with your child.

**Additional emergency contacts:**

*Please nominate two people over the age of 18 years, other than parents/carers, who may be contacted in the event of an emergency if the school is unable to contact the parents/carers listed above. Ideally each contact should be someone who lives near the school. Please ensure that you have discussed with these people their willingness to be emergency contacts.*

**Contact 1**

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone number (*mobile*): \_\_\_\_\_ Phone number (*home*): \_\_\_\_\_

Phone number (*work*): \_\_\_\_\_

**Contact 2**

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone number (*mobile*): \_\_\_\_\_ Phone number (*home*): \_\_\_\_\_

Phone number (*work*): \_\_\_\_\_

*Please note if further emergency contacts need to be provided please provide further information on another sheet of paper.*