

**KURRI KURRI PUBLIC SCHOOL**

**STUDENT AND FAMILY INFORMATION UPDATE**

**Please fill in any of the details that have changed for your student/s – medical information on back.  
If areas are left blank it will be assumed information on our records should remain the same.**

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

Family Mailing Title: \_\_\_\_\_

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

\_\_\_\_\_ PO Box \_\_\_\_\_

Postcode: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

**BUS PASS:** Does your child have a bus pass  Yes  No **New bus application issued**  Yes  No

**FATHER'S/Carer's full name:** \_\_\_\_\_

**MOTHER'S/Carer's full name:** \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

**EMERGENCY CONTACT/S**

***CONTACT # 1***

***CONTACT # 2***

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

\_\_\_\_\_

Telephone No: \_\_\_\_\_

\_\_\_\_\_

Mobile No: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**MEDICAL DETAILS - If medical details have changed, please list below:**

\_\_\_\_\_  
\_\_\_\_\_

**PARENT NOT LIVING AT THE FAMILY HOME (Optional):**

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

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

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Details of Access: \_\_\_\_\_

=====

**PARENT/GUARDIAN**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
<b>DATA ENTRY:</b> _____	<b>DATE:</b> _____

**CHANGES TO MEDICAL INFORMATION:**

**Medical condition:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Symptoms:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:**

**A medication form will need to be completed at the office for any student requiring prescribed medication.**

**If your child has Asthma, a Student Asthma Record will need to be completed at the office as well.**