

Freemans Reach Public School

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UPDATE OF STUDENT INFORMATION

STUDENT NAME:	Class:							
Medicare Number:		E	xpiry Date:					
Scripture Group (Please cir	rcle) Anglican	С	atholic	Non-Script	ure			
Permission to publish phot	ograph (Please circle)			YES	S NO			
Permission to publish name (Please circle)				YES	S NO			
Permission to move betwe	en Hawkesbury HS & F	reemar	ns Reach PS (Ple	ease circle)	YES NO			
HOME ADDRESS:			POSTAL ADDRESS IF DIFFERENT:					
Email for newsletter: Please print clearly								
** Please update my child's SEPARATION, MARRIAGE, SE It is important to provide ar	HARED CARE, COURT Only relevant paperwork	RDERS, to the s	AVO, PARENT, chool office AS	CARER NA	ME CHANGE (please circle)			
PARENT / CARER 1 DETAIL	<u> </u>	1						
Name	Home Phone & Mobile Numbers	Work Phone		Email				
PARENT / CARER 2 DETAIL	S (PARENT RESIDING	WITH	STUDENT)					
Name	Home Phone & Mobile Numbers	Work Phone		Email	Email			
OTHER PARENT / CARER D	ETAILS (PARENT WH	O IS NO	OT RESIDING V	WITH STU	DENT)			
Name	Home Phone & Mobile Numbers		Work Phone		Mobile Number			
Receives School Report (Please circle)	Home Address		Email					
YES	Please summarise care arrangements with this parent/carer (eg. When does your child see/stay with this parent?)							

UPDATE OF STUDENT INFORMATION Cont'd

EMERGENCY CONTACTS

IVIERGENCY CON	IACIO					
	NAME		RELATION	SHIP TO CHILD	PHONE	
Contact 1					Home: Mobile:	
Contact 2					Home: Mobile:	
Contact 3					Home: Mobile:	
OOCTOR'S DETAIL	s					
Name:						
Address:						
Phone:						
Permission to seek medical assistance		(Please circle)		YES	NO	
IEALTH / MEDICAL						
Name of Condition	n:					
Is this a new Medi	se circle)		YES	NO		
Is Medication requ If yes, please see o		m	YES	NO		
Has this condition been diagnosed by a doctor? (Please circle)		Would you like to retract a Medical Condition and/or ACTION plan?				
YES	NO	(Please ci	rcle)	YES	NO	
Has an Action Plan the school (Please YES NO	Please provide reason for this:					
What signs/sympt	oms should the scho	ol be awar	e of:			
lame & Signature:_					Date:	

Parent/Caregiver