



Freemans Reach Public School

Est. 1867

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UPDATE OF STUDENT INFORMATION

The school office is in the process of updating all student information so the files are completely correct. Could you please complete this form and return it to the office by Friday. Thank you for your assistance.

STUDENT NAME: _____ **Class:** _____

Medicare Number:	Expiry Date:		
Scripture Group <i>(Please circle)</i>	Anglican	Catholic	Non-Scripture
Permission to publish photograph <i>(Please circle)</i>	YES	NO	
Permission to publish name <i>(Please circle)</i>	YES	NO	
HOME ADDRESS:	POSTAL ADDRESS IF DIFFERENT:		
Email for newsletter: <i>Please print clearly...</i>			
Home phone:			

PARENT 1 DETAILS (PARENT RESIDING WITH STUDENT)

Name	Mobile Number	Work Phone	Email

PARENT 2 DETAILS (PARENT RESIDING WITH STUDENT)

Name	Mobile Number	Work Phone	Email

OTHER PARENT DETAILS (PARENT WHO IS NOT RESIDING WITH STUDENT)

Name	Home phone	Work Phone	Mobile Number
Receives School Report <i>(Please circle)</i>	Home Address:	Email	
YES			
NO			

UPDATE OF STUDENT INFORMATION Cont'd

EMERGENCY CONTACTS

	NAME	RELATIONSHIP TO CHILD	PHONE
Contact 1			Home: Mobile:
Contact 2			Home: Mobile:
Contact 3			Home: Mobile:

DOCTOR'S DETAILS

Name:	
Address:	
Phone:	
Permission to seek medical assistance	<i>(Please circle)</i> YES NO

Signed: _____

Date: _____

Parent/Caregiver