

Bonnyrigg Heights Primary School



Update of Student Contact Information

It is important that the school has CURRENT contact details on file for each student.

A. Student Details	Details provided must be as shown on Birth Certificate												Preferred given name of student (if different to birth certificate)										
	Family Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	First Given Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Second Given Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Parents/carers with whom this student normally lives	Residential Street Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Suburb	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Parents/carers with whom this student normally lives	Details of Parent/Carer to Contact FIRST												Details of Parent/Carer to Contact NEXT											
	Relationship:	<input type="text"/>	Relationship:	<input type="text"/>																				
Title: (Mr, Mrs, Ms Dr)	<input type="text"/>	Title: (Mr, Mrs, Ms Dr)	<input type="text"/>																					
Name:	<input type="text"/>	Name:	<input type="text"/>																					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female																					
Phone# (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone# (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Phone# (home)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone# (home)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Phone# (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone# (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Contact Email Address	<input type="text"/>	Contact Email Address	<input type="text"/>																					
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C. Parents/carers NOT living with this student	Residential Street Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Suburb	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Parents/carers NOT living with this student	Details of Parent/Carer to Contact FIRST												Details of Parent/Carer to Contact NEXT											
	Relationship:	<input type="text"/>	Relationship:	<input type="text"/>																				
Title: (Mr, Mrs, Ms Dr)	<input type="text"/>	Title: (Mr, Mrs, Ms Dr)	<input type="text"/>																					
Name:	<input type="text"/>	Name:	<input type="text"/>																					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female																					
Phone# (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone# (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Phone# (home)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone# (home)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Phone# (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone# (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Contact Email Address	<input type="text"/>	Contact Email Address	<input type="text"/>																					
	----- @		----- @																					

Please turn over to complete this form

D. Additional emergency contacts

Please nominate two people over the age of 18 year who may be contacted in the event of an emergency if the school is unable to contact the parents/carers listed in Section B. Ideally each contact should be someone who lives locally to the school. Please ensure that you have discussed with these people their agreement to be emergency contacts.

CONTACT DETAILS (first preference)

Family Name

Given Name

Relationship to Student (eg; Neighbour/aunt/uncle)

Phone# (mobile)

Phone# (home)

CONTACT DETAILS (second preference)

Family Name

Given Name

Relationship to Student (eg; Neighbour/aunt/uncle)

Phone# (mobile)

Phone# (home)

The personal information provided through this form is being obtained for the sole purpose of maintaining and updating the school's computer records. It will be used by school staff to contact parents/carers on matters concerning the child/ren (including first aid).

Supporting documentation must be provided for change of address:

Rate Notice, Lease Agreement or Utility Bill (electricity, gas, water).

We respect your right to privacy, but in some cases, it helps if we are aware of any changes in your circumstances or living arrangements, (eg; separation). We ask that you assist us with any relevant information or changes so that we can protect the safety of your child and the other students at our school.

Are there any further details you would like to make us aware of?

All information on this form was provided by:

Name: _____ Signature: _____

Date: _____ This information is effective from (date): _____

Office Use Only

Changes amended by: _____

Proof of Address Supplied (if relevant): _____

Do any special circumstances exist: _____

Have class teacher(s) been notified of special circumstances: _____

Update of ERN/EBS systems completed: ERN EBS

Manual Update of Emergency contacts folder: Front Office Principal DP1 DP2 SAM