

Student Information Update Form

IMPORTANT!

Please fill in and return to Bowral High School front office if any of your details have changed.

It is imperative that your contact details are always up to date on our computer system, particularly phone numbers.

This will ensure that we can contact you in any situation or emergency.

Student full name: _____ Year: _____

Family Residential address: _____

Family Correspondence Address: _____ Home Phone: _____

1. Parent/guardian name: _____

Mobile: _____ Work: _____ **Email - mandatory:** _____

2. Parent/guardian name: _____

Mobile: _____ Work: _____ **Email - mandatory:** _____

Emergency contacts (if parents cannot be contacted – preferably within the local district)

Contact 1 Name: _____ Relationship to student: _____

Mobile: _____ Work: _____ Home: _____

Contact 2 Name: _____ Relationship to student: _____

Mobile: _____ Work: _____ Home: _____

Doctor Name & Phone: _____

Any medical or other conditions about which we should know?

Any regular medications / Allergies / Asthma / Diabetes / Epilepsy / Ventolin / Epipen?

Any supporting medical documents / ASCIA / Health Care Plan provided to school?

Medicare Card Number: _____ Students Reference Number _____

Medicare Card Expiry Date: _____ Student Mobile Phone Number: _____

Any other important information / changes to family / AVO / Court orders:

Signed: _____ (parent/carer/guardian) Date: _____

bowral-h.school@det.nsw.edu.au