

## FAMILY CONTACT INFORMATION – 2012

Please Fill In And Send Back To School A.S.A.P!

We need up-to-date and complete information to take good care of your children.

NAME OF STUDENT/s			Date of Birth:	
			Date of Birth:	
			Date of Birth:	
			Date of Birth:	
			Date of Birth:	
			Date of Birth:	
FAMILY DETAILS	NAME	HOME PHONE	WORK PHONE	MOBILE
Parent/caregiver				
Parent/caregiver				
ADDRESS	We require physical addresses (street or road names, property or Rapid (Fire) Numbers) as well as postal addresses.			
E-MAIL			<input type="checkbox"/> (tick here) Yes! Please send a copy of school newsletter to this e-mail address.	
EMERGENCY CONTACT*	NAME	HOME PHONE	WORK PHONE	MOBILE
* Emergency Contact – we need the name of someone that we can phone if we are unable to contact you directly. This person must be able to act on your behalf in an emergency – collect a sick child from school, for example.				
FAMILY DOCTOR	NAME		PHONE	
HEALTH ISSUES				
Include details about asthma, allergies, etc that might affect student/s at school.				
	ASTHMA: student needs to keep an inhaler at school (select one): <input type="checkbox"/> YES (will send inhaler to Office today) <input type="checkbox"/> NO			
WELFARE AND CUSTODY ISSUES				
	Halcombe School can only act on formal custody/access orders and MUST HAVE COPIES OF ANY COURT PAPERS relating to these issues.			
	Documents at school now: <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME of person filling in this form:			SIGNATURE:	