

**Principal**

Mr Darren Hamilton

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Junee High School

To Dream. To Create. To Succeed.

52 Lydia Street, Junee NSW 2663

Family and student details update

Student details:

Family name: _____

First given name: _____

Second given name: _____

Gender Male/Female: _____

Date of birth: _____

Year: _____

STUDENT'S MOBILE PHONE (if applicable) _____ Aboriginal/Torres Strait Islander: _____

Parent/Carer 1: (with whom this student normally lives)

If applicable, copies of any relevant family law or other court orders must be provided.

Title (Mr/Ms/Mrs/Dr): _____ Relationship to student (eg mother/father/carers): _____

Family name: _____ Given name: _____

Country of birth: _____ Aboriginal/Torres Strait Islander: _____

Parent/Carer 2 (with whom this student normally lives)

If applicable, copies of any relevant family law or other court orders must be provided.

Title (Mr/Ms/Mrs/Dr): _____ Relationship to student (eg mother/father/carers): _____

Family name: _____ Given name: _____

Country of birth: _____ Aboriginal/Torres Strait Islander: _____

Parents/carers with whom this student normally lives

Name/s to be used for all correspondence

Residential address: _____

Is this the residential address of the student? ☐ Yes ☐ No

If you have a correspondence address that is different to your residential address, please write it below (ie PO Box)

Correspondence address: _____

If the school needs to contact a parent/carers, please specify, in order of preference, who to contact.

If there are any special conditions or times relevant to any contact number, please include this in the comment box next to the number (eg Mondays and Tuesdays only).

NAME OF PARENT/CARER TO CONTACT FIRST

Mobile phone number: _____ Home phone number: _____

Work phone number: _____ Email address: _____

NAME OF PARENT/CARER TO CONTACT SECOND

Mobile phone number: _____ Home phone number: _____

Work phone number: _____ Email address: _____

Additional emergency contacts

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

CONTACT DETAILS (first preference)

Family name: _____ Given name: _____

Relationship to student (eg neighbour/aunt/uncle): _____

If there are any special conditions or times to any contact number, please include these below (eg. Tues/Wed only)

Comments: _____

Mobile phone number: _____ Home phone number: _____

Work phone number: _____

CONTACT DETAILS (second preference)

Family name: _____ Given name: _____

Relationship to student (eg neighbour/aunt/uncle): _____

If there are any special conditions or times to any contact number, please include these below (eg. Tues/Wed only)

Comments: _____

Mobile phone number: _____ Home phone number: _____

Signed by (name): _____ Signature: _____

Date: _____

OFFICE USE ONLY

☐ Original documents must be sighted and photocopied ☐ Copy to file

Student records updated by: _____ Date: _____

Year Adviser: _____ notified of changes on: _____