

STUDENT UPDATE FORM 2016

PARENTS PLEASE COMPLETE

Child's Name:
 Room No:
 Year Level:

Dear Parent/Caregiver

Every year we need to update student information as part of our school emergency procedures. Please complete the details below (one form per student), then sign and date the second page where indicated and return to the office as soon as possible.

STUDENT DETAILS:

FAMILY NAME	FIRST NAME	ADDRESS	DATE OF BIRTH	HOME PHONE	ETHNICITY(IES)	IWI/HAPU (if applicable)

PARENT/LEGAL GUARDIANS: (Please list these people in the order in which the school should make contact)

RELATIONSHIP TO CHILD	FAMILY NAME	FIRST NAME	ADDRESS AND EMAIL	HOME PHONE	WORK PHONE	CELL PHONE

OTHER EMERGENCY CONTACT DETAILS: (Please list these people in the order in which the school should make contact)

RELATIONSHIP TO CHILD	FAMILY NAME	FIRST NAME	ADDRESS	HOME PHONE	WORK PHONE	CELL PHONE

CUSTODY/ACCESS ARRANGEMENTS: (Copies of current Court Orders etc. must be attached) Attach separate sheet if more space required

NEWSLETTER

If you need to change how you receive your weekly newsletter, please amend below. **Please note:** All special trip, team or event notices will still come home on paper.

I need a paper copy please **OR** Please send me an email copy

HEALTH:

FAMILY DOCTOR: _____ **PHONE:** _____

Please enter your child's name and indicate any problems they suffer from by using the following key:

1 = MILD 2 = MODERATE 3 = SEVERE

CHILD'S NAME	ALLERGIES	ASTHMA	SIGHT	SPEECH	HEARING	OTHER

Medical comments: _____

OTHER IMMEDIATE FAMILY MEMBERS LIKELY TO ATTEND PARAPARAUMU BEACH SCHOOL IN THE FUTURE:

FAMILY NAME	FIRST NAME	DATE OF BIRTH	MALE / FEMALE

ANY OTHER INFORMATION THE SCHOOL SHOULD BE AWARE OF:

SIGNED: _____

DATE: _____