



SHERWOOD STATE SCHOOL SCHOOL DATA UPDATE

In the event of an emergency, it is VITAL that we have current and up-to-date emergency contact details. To assist us in this matter, please ensure that you complete this form and return to the office IMMEDIATELY. Your assistance and prompt attention is appreciated.

Family Name:

Student Name: Class:

..... Class:

..... Class:

..... Class:

Home Address:

Suburb: Postcode:

Postal Address: (if different from above)

EMAIL ADDRESS:

<u>PARENT/GUARDIAN 1</u>	<u>PARENT/GUARDIAN 2</u>
Name:	Name:
Relationship to Student:	Relationship to Student:
Home Phone Number:	Home Phone Number:
Work Phone Number:	Work Phone Number:
Mobile Phone Number:	Mobile Phone Number:

<u>STUDENT ACCESS</u>	YES	NO
Is there any limitation(s) on contact between the student and a parent or another person? If yes, attach a copy of current Court Order or registered parenting plan that contains the limitation(s).	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT MEDICAL INFORMATION:

Doctor's Name:	Doctor's Phone No.:
Medical Condition: (eg asthma)	Medicare No.

EMERGENCY CONTACTS: (other than parents)

Name:	Name:
Relationship to Student:	Relationship to Student:
Home Phone Number:	Home Phone Number:
Work Phone Number:	Work Phone Number:
Mobile Phone Number:	Mobile Phone Number: