

# **COMPULSORY UPDATE OF FAMILY DETAILS 2020**

*Private and Confidential – due Friday 7<sup>th</sup> February*

## **STUDENT INFORMATION**

### **STUDENT 1**

Student Surname: \_\_\_\_\_ Sex: Male / Female  
First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Second Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Aboriginal/Torres Strait Islander: Yes / No

### **STUDENT 2**

Student Surname: \_\_\_\_\_ Sex: Male / Female  
First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Second Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Aboriginal/Torres Strait Islander: Yes / No

### **STUDENT 3**

Student Surname: \_\_\_\_\_ Sex: Male / Female  
First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Second Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_  
Religious Denomination: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Aboriginal/Torres Strait Islander: Yes / No

**FAMILY INFORMATION**

**FEMALE PARENT OR GUARDIAN**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Status: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Visa Code: (*ie 457*) \_\_\_\_\_  
Arrival Date \_\_\_\_\_ Expiry Date \_\_\_\_\_ Permanent Resident  or Temporary Resident   
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contact Numbers: (W) \_\_\_\_\_ (MB) \_\_\_\_\_  
Email: \_\_\_\_\_

**MALE PARENT OR GUARDIAN**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Status: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Visa Code: (*ie 457*) \_\_\_\_\_  
Arrival Date \_\_\_\_\_ Expiry Date \_\_\_\_\_ Permanent Resident  or Temporary Resident   
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contact Numbers: (W) \_\_\_\_\_ (MB) \_\_\_\_\_  
Email: \_\_\_\_\_

**ICT – COMPUTER USE**

All families are required to read the ‘Acceptable ICT Use Form for Years K-6’

Link:

<http://web.stemiliescps.wa.edu.au/wp-content/uploads/2020/02/Parent-Permission-and-ICT-Form-2020-2.pdf>

Please acknowledge that you have read the document: YES  NO

**COLLECTION NOTICE**

All families are required to read the ‘Information Collection Notice’

Link:

<http://web.stemiliescps.wa.edu.au/wp-content/uploads/2020/02/Parent-Permission-and-ICT-Form-2020-2.pdf>

Please acknowledge that you have read the document: YES  NO

**PERMISSION**

Do you give permission for your child to be filmed/photographed for school related purposes –eg website posts, school publicity?

Link:

<http://web.stemiliescps.wa.edu.au/wp-content/uploads/2020/02/Parent-Permission-and-ICT-Form-2020-2.pdf>

YES  NO

**CUSTODY / GUARDIANSHIP**

Are there any custody issues: Yes  No

Name of person(s) with legal guardianship to the student: \_\_\_\_\_

If applicable, a copy of any **Parenting Plan, Court Order** or **Restraining order** to be provided to the office as soon as available.

**EMERGENCY CONTACT DETAILS (OTHER THAN PARENTS)**

Only if Parents are unable to be contacted

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**MEDICAL – very important**

1. Has your child had a tetanus booster in the past 12 months **Yes/No**
2. If you child has a medical condition that requires a Medical Action Plan eg **Asthma, Anaphylaxis, or other**, you are to complete a copy of our **Medical Form** (available from the Office).
3. This Medical Information Form needs to be completed by **Friday 7<sup>th</sup> February 2020**.

**MEDICAL EMERGENCY AUTHORISATION:**

*I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.*

**Both Parent/Guardians to sign Authorisation**

\_\_\_\_\_  
FEMALE PARENT OR GUARDIAN

\_\_\_\_\_  
MALE PARENT OR GUARDIAN