

STUDENT INFORMATION 2020	
Students Name:	Class:
Aboriginal or Torres Strait Islander Descent:	Yes/No
Home Address:	Home Telephone No:
	Family Email Address:
Medicare Number:	EXP Date:
Special Medical Conditions: eg glasses, asthma, allergies;	
Medications: Does your child require any special medications <b>Yes/No</b> If yes please provide details	
<b>PARENT/CAREGIVER 1 &amp; 2 CONTACT DETAILS (for the parent the student usually resides):</b>	
<b>Parent 1 Name:</b>	
Work No:	Mobile:
Aboriginal or Torres Strait Islander Descent:	Yes/No
Parent 1 Occupation:	Relationship to Child:
Occupation Group: <i>(Please choose the group that best describes your occupation. Mark one box only. If you have retired or stopped work in the last 12 months, choose the group you used to work. )</i>	
<input type="checkbox"/> Group 8 Have not been in paid work in the last 12 months <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Group 3 Tradesman/women, clerks & skilled office, sales and service staff <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons and associate professionals <input type="checkbox"/> Group 1 Senior management in large business organisation, government administration & defence, and qualified professionals	
<b>Parent 2 Name:</b>	
Work No:	Mobile:
Aboriginal or Torres Strait Islander Descent:	Yes/No
Parent 2 Occupation:	Relationship to Child:
<input type="checkbox"/> Group 8 Have not been in paid work in the last 12 months <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Group 3 Tradesman/women, clerks & skilled office, sales and service staff <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons and associate professionals <input type="checkbox"/> Group 1 Senior management in large business organisation, government administration & defence, and qualified professionals	
<b>NAME OF PARENT (not living with child):</b>	
Relationship to child:	Address:
Home No:	
Work:	Mobile:
Aboriginal or Torres Strait Islander Descent:	Yes/No
Other Parent Occupation:	
<input type="checkbox"/> Group 8 Have not been in paid work in the last 12 months <input type="checkbox"/> Group 4 Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Group 3 Tradesman/women, clerks & skilled office, sales and service staff <input type="checkbox"/> Group 2 Other business managers, arts/media/sportspersons and associate professionals <input type="checkbox"/> Group 1 Senior management in large business organisation, government administration & defence, and qualified professionals	
Other Parent Occupation:	
<b>Family Law &amp; Court Order Arrangements:</b> Do you or your child have any family court orders or special parenting arrangements (family law court orders, AVO's etc.)? YES/NO _____ If yes: please specify details: <b>(court papers must be supplied to the school for the arrangements to be adhered to.)</b>  _____ _____ _____	
<b>EMERGENCY CONTACTS</b> (In the event that there is an emergency/or illness and we are unable to contact parent/guardian who lives with the student, the following emergency contacts will be called).	
1. Name:	Relationship to child:
Home/Work No:	Mobile:
2. Name:	Relationship to child:
Home/ Work No:	Mobile: