

FLINDERS PARK PRIMARY SCHOOL STUDENT INFORMATION FORM 2015

Student Details:

Family Name _____ Given Names _____ Preferred Name _____	Year Level _____ Room _____ Date of Birth _____ Does the student receive School Card Assistance? _____ Y / N
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Parent/Caregiver

Other Parent/Caregiver

Mr/Mrs/Ms other _____ Family Name _____ Given Names _____ Relationship to student _____ Occupation _____ Work Phone No: _____ Ext. _____ Mobile Phone No: _____ Email address: _____	Mr/Mrs/Ms other _____ Family Name _____ Given Names _____ Relationship to student _____ Occupation _____ Work Phone No: _____ Ext. _____ Mobile Phone No: _____ Email address: _____
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Address Details

Home Address _____ _____ _____ P/Code _____	Home Phone _____ Email address _____
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Exception Address for Correspondence

Address of a Parent/Caregiver not living with the student, who wishes to receive correspondence from the school.	
Email Address _____	
Mailing Title _____	
Address _____ P/Code _____	
Phone No: _____	Mobile Phone: _____

Emergency Contacts if Parent/Caregiver is non-contactable

Please ensure we have the details of one other person who is not a family member

Priority	Name	Relationship	Phone No
1	_____	_____	_____
2	_____	_____	_____

Relevant Medical Conditions

Please give any Medical Conditions, Symptoms and Treatment Details

Details of Student's Doctor

Name _____ Address _____

Phone No: _____ Medicare No: _____

Brother and Sisters Attending Flinders Park Primary School

Name	Gender	Date of Birth
1. _____	F / M	_____
2. _____	F / M	_____
3. _____	F / M	_____

Other Details

Is this student the subject of a custody order? Y / N Has the school sighted the custody order? Y / N

Details: _____

PERMISSIONS

I give permission for school staff to check for head lice Y / N
I give permission for my child to be involved in Christian Option Programs Y / N
I give permission for my child to work with our School Chaplin Y / N
I give permission for my child to participate in walking in the local area Y / N
I give permission for my child to participate in viewing PG Movies Y / N

Signature of Parent/Caregiver _____

I give permission for my child to be photographed while he/she is attending Flinders Park Primary School, either individually or in a group, whether the photograph be taken for school purposes or by the commercial photographer selected by the school. I understand that this general consent does not commit me to purchase any photograph that may be subsequently be taken of my child. School based videos & photos may appear in advertising, electronic media or the website associated with the school.

Signature of Parent/Caregiver _____

I understand that the school yard is supervised from 8.30am until 3.30pm and that the school cannot accept responsibility for children in the yard outside of these times.

Signature of Parent/Caregiver _____

IMPORTANT

School Governing Council has retained the services of a DECS appointed Collection Agency to act on our behalf in recovery of any unpaid Material and Services Fees.