

SUTHERLAND PUBLIC SCHOOL

SINCE 1887



Eton Street, Sutherland 2232
Ph : 9521 2478 Fax : 9545 3259

CHANGE OF DETAILS

Whenever circumstances change the school needs to be advised as soon as possible. To assist us keep our records up to date and ensure that your child is well cared for could you please complete the form below in the areas requiring change only. All other areas can be left blank. Please return this form to the school office.

STUDENT : _____ **CLASS :** _____
STUDENT : _____ **CLASS :** _____
STUDENT : _____ **CLASS :** _____
STUDENT : _____ **CLASS :** _____

HOME:

ADDRESS : _____
POSTAL ADDRESS (if different) _____
PHONE NUMBER : _____

MOTHER :

WORK : _____ **MOBILE :** _____
ADDRESS : (if different) _____
OCCUPATION : _____

FATHERS :

WORK : _____ **MOBILE :** _____
ADDRESS : (if different) _____
OCCUPATION : _____

EMERGENCY CONTACT (1):

NAME : _____
RELATIONSHIP TO FAMILY : _____
WORK : _____ **MOBILE :** _____

EMERGENCY CONTACT (2):

NAME : _____
RELATIONSHIP TO FAMILY : _____
WORK : _____ **MOBILE :** _____

MEDICAL :

ALLERGIES : _____
MEDICAL PROBLEMS / MEDICATION : _____
MEDICARE NUMBER : _____

I confirm these details are correct.

_____ (signed) ____ / ____ / ____

_____ (name)

Mother / Father / Guardian (please circle)

OFFICE USE ONLY

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