



STUDENT DETAIL UPDATE

Dear Parents/Carers/Guardians

To keep our records as up to date as possible, please complete the slip below and return it to school promptly. Please also complete and include the attached forms for Parent/Carer Details as well as Student Medical Details and Health Conditions

Student Name:		Year:	
Residential Address:			
Postal Address: <i>(if different to residential address)</i>			
Names of siblings at THS (if applicable): <i>(living at same address)</i>			
Contact Phone Number:		Shared Custody: YES NO	
1. Parent/Carer/Guardian <i>(residing with student)</i> - See attached Carer Form for Additional Details			
Name:			
Relationship to Student:			
Phone Numbers	H.	M.	W.
Family Email address:			
2. Parent/Carer/Guardian <i>(residing with student)</i> - See attached Carer Form for Additional Details			
Name:			
Relationship to Student:			
Phone Numbers	H.	M.	W.
Emergency Contact 1 <i>(when carer is unavailable)</i>			
Name:			
Relationship to Student:			
Phone Numbers	H.	M.	W.
Emergency Contact 2 <i>(when carer is unavailable)</i>			
Name:			
Relationship to Student:			
Phone Numbers	H.	M.	W.
Authority to publish photos <i>(please circle)</i>	YES		NO

Signature:

Parent/Carer/Guardian 1: _____ Date: _____

Parent/Carer/Guardian 2: _____ Date: _____

Office Use Only

ERN Updated: YES/NO Date:
Millennium Updated: YES/NO Date:

Family details

B. Parent/Carer 1 with whom this student normally lives

If applicable, copies of any relevant family law or other court orders must be provided.

Title (eg Mr/Ms/Mrs/Dr)

Gender

Male Female

Relationship to student (eg mother/father/carer)

Family name

Given name

Country of birth

Aboriginality

No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

OCCUPATION GROUP

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 in which you used to work. See page 16 for more information and examples.

- Group 8 Have not been in paid work in the last 12 months
- Group 4 Machine operators, hospitality staff, assistants, labourers and related workers
- Group 3 Tradespeople, clerks and skilled office, sales and service staff
- Group 2 Other business managers, arts/media/sportspersons and associate professionals
- Group 1 Senior management in large business organisation, government administration and defence, and qualified professionals

Occupation

SCHOOL EDUCATION

What is the highest level of schooling completed?

For persons who never attended school, mark 'Year 9 or equivalent or below' (mark one box only).

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent or below

EDUCATIONAL QUALIFICATIONS

What is the highest qualification completed?

No non-school qualification Certificate I to IV (including trade certificate) Advanced diploma/diploma Bachelor degree or above

LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME

Does this parent/carer speak a language other than English at home?

No, English only Yes

If yes, what language(s) other than English are spoken at home?

Please write the actual language(s) used, for example, Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole.

Main language other than English spoken at home by parent/carer 1

Other language(s) spoken at home

Interpreters may be available during school interviews. Would an interpreter be required? Yes No

Family details

Parent/Carer 2 with whom this student normally lives

If applicable, copies of any relevant family law or other court orders must be provided.

Title (eg Mr/Ms/Mrs/Dr)

Gender

Male Female

Relationship to student (eg mother/father/carer)

Family name

Given name

Country of birth

Aboriginality

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Main language other than English spoken at home by parent/carer 2

Other language(s) spoken at home

Interpreters may be available during school interviews. Would an interpreter be required? Yes No

H. Student medical details and health conditions

It is essential you inform the school before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies, other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the school.

Note: Where the words 'your child' are used, they should be taken as a reference to the student seeking enrolment.

Student's Medicare number Student's Medicare card reference number

Medicare card valid to date /
month year

Doctor's name/medical centre

Doctor's address (eg 1 High Street, Sydney, NSW, 2000)

Doctor's phone number (work)

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing Section H. Attach an additional page if required.

Allergy / medical condition	Doctor's name	Address	Telephone

If your child has a documented plan to support any health or medical needs from a previous school or organisation (eg preschool, occasional care, etc) please provide it to the school as an attachment to this form.

ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (EG NUTS, EGGS, PEANUTS) OR OTHER.

If your child has an allergy, please specify in the box below. For this allergy, answer the 11 questions that follow (where applicable). If there is insufficient space, please attach additional pages clearly marked 'Section H'.

*For any **additional allergies** your child has, **please answer each of the 11 questions** (where applicable) on a separate page for each allergy. Attach this additional information. (clearly marked 'Section H') to the back of this form.*

Allergy to

1. Has a doctor diagnosed this allergy? Yes No
2. Is this a severe allergy (anaphylaxis)? Yes No

Anaphylaxis is a severe, potentially life-threatening, allergic reaction.

3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy? Yes No

4. If yes, which hospital?

5. Does your child have an ASCIA Action Plan for Anaphylaxis? Yes No

6. If yes, is this plan attached? Yes No

7. Has your child been prescribed an adrenaline autoinjector (ie EpiPen®)? Yes No

If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date).

Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that any updated plan is provided to the school.

Student details – additional information

8. What is the expiry date of the adrenaline autoinjector that will be provided to the school?

		/				
month			year			

If not known at the time of completing this form, the school will require this information on enrolment.

9. Does your child have an ASCIA Action Plan for Allergic Reactions? Yes No

10. If yes, is this plan attached? Yes No

It is important that any updated plan is provided to the school.

11. Please list any other medication prescribed for this allergy

The school will require further details in relation to prescribed medication on enrolment.

Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.

MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (EG ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY)

Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space, please attach additional pages and include answers to all 7 questions that follow).

Medical condition

1. Has a doctor diagnosed this condition? Yes No

2. Has your child been hospitalised with this condition? Yes No

3. If yes, which hospital?

4. Does your child have a documented action plan from a doctor (eg asthma action plan)? Yes No

5. If yes, is this plan attached? Yes No

6. Is your child taking prescribed medication for this condition? Yes No

7. If yes, what is the prescribed medication?

The school will require further details in relation to prescribed medication on enrolment.

Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.