

EMERGENCY CARD



STUDENT'S SURNAME.....D.O.B.....

STUDENT'S GIVEN NAME:.....

ADDRESS:.....

This card is to assist us to contact you if your son/daughter is sick or injured. As phones are often not answered we need several ways of reaching you. It is important that this card be kept up-to-date.

PLEASE INFORM THE SCHOOL IF THIS INFORMATION NEEDS TO BE CHANGED AT ANY TIME.

Mother's/Guardian's Surname:..... First Name:.....

Home No. Work No..... Mobile No.....

Father's/Guardian's Surname:..... First Name:.....

Home No..... Work No..... Mobile No.....

Name of friend or relative who can take a message if parents cannot be reached:

1st Contact Name: Daytime No.....

Mobile No.....

2nd Contact Name:..... Daytime No.....

Mobile No.....

Family Doctor:..... Dr's Phone

Does your child suffer from any illness, injury, disability or allergy? (especially diabetes, asthma, epilepsy or allergy to bee stings)

If so give details:.....

We give permission for the school to seek medical attention if needed.

Signature of Parent/Guardian..... Date:.....

OFFICE USE ONLY: STUDENT No.....	Year							
	Class							

NEWSLETTER VIA E-MAIL

Every Tuesday a newsletter is sent home with the eldest child in the family or, if preferred, you can receive your copy via email.

Please tick your preferred option

Email to mother's email address _____

Email to father's email address _____

Email to other email address _____

Paper Copy

Name _____

Child's Name _____

Class _____

STUDENT REPORTS

Student reports are sent home at the end of each semester (June and December). If you require an additional copy of the report, for a parent or carer not residing with your child, please indicate below.

Yes I require an additional copy to be sent to:

Name _____

Address _____
