John Curtin
COLLEGE OF THE ARTS

Create tomorrow.

STUDENT UPDATE FORM

Email: johncurtin.col@education.wa.edu.au
Post: 90 Ellen St, FREMANTLE 6160

Please return to the school only if there are changes

Current School year: [ ]

* Legal Surname: ______________________________

* 1st Name: ______________________________ * 2nd Name: ______________________________________

* Date of Birth: _____/_____/_____ Sex: ☐ Male ☐ Female

* Residential Address: ____

____ Postcode: ______________

* Telephone ______________________ * Student Mobile ____________________________

Names of brothers and sisters attending this school:

______________________________ ______________________________ ______________________________

Parent/Responsible Person 1 – Details (this should be the most available SMS contact)

Title: _______ * First Name: __________________________ * Surname: ___________________________

Please indicate relationship to the student: ____

* Postal Address ____

____ Postcode: ______________

* Telephone * Work Telephone * Mobile

______________________________ ______________________________ ______________________________

Email Address: ____

Parent/Responsible Person 2 – Details

Title: _______ * First Name: __________________________ * Surname: ___________________________

Please indicate relationship to the student: ____

* Postal Address ____

____ Postcode: ______________

* Telephone * Work Telephone * Mobile

______________________________ ______________________________ ______________________________

Email Address: ____

Other Contact - Details

Title: _______ * First Name: __________________________ * Surname: ___________________________

Please indicate relationship to the student: ____

* Postal Address ____

____ Postcode: ______________

* Telephone * Work Telephone * Mobile

______________________________ ______________________________ ______________________________

Email Address: ____

Please advise the school if there are any other contacts you would like recorded

Student Details – Medical/Health/Consents

Does the student have a medical condition or intensive health care need? YES ☐ NO ☐
If YES, please specify. **Please attach separate sheet with any changed health details:**

- ☐ Healthcare card ______________________
- ☐ Allergy – Anaphylaxis
- ☐ Allergy – Other ______________________
- ☐ Asthma
- ☐ Diabetes
- ☐ Diagnosed migraine/headaches
- ☐ Seizure Disorder (eg epilepsy)
- ☐ Medicare card ______________________
- ☐ Hearing condition (eg otitis media)
- ☐ Mental health or behavioural (eg depression, ADD/ADHD)
- ☐ Intensive Health Care Need (eg tube feeding)
- ☐ Other ______________________________________

Is specific staff training required to manage health condition/needs? YES ☐ NO ☐

Type of Training: ____

Date of last tetanus vaccination: ____
:
Doctor's Name: ____ Phone: ____________________________

Dentist Practice ____ Phone: ____________________________

Please provide details of any other information you would like noted.

Permissions ***(please tick):*** **Call Doctor [ ] Administer First Aid [ ] Call Dentist [ ]**

Do you have ambulance cover? YES ☐ NO ☐
(If there is a medical emergency, parents or guardians are expected to meet the cost of the ambulance.)

Media:

I give permission for John Curtin College of the Arts to publish photographs and video of my child in college and Department of Education publications and online resources, the college website and print and online news media.

YES ☐ NO ☐

Social Media:

I give permission for John Curtin College of the Arts to publish photographs and video of my child on John Curtin College of the Arts and Department of Education social media sites.

YES ☐ NO ☐

Signature

I acknowledge that the above information is correct: Signed: ____________________________

Name of person updating information: ____________________________

Date: ____________________________