

## **STUDENT UPDATE FORM**

Email: [johncurtin.col@education.wa.edu.au](mailto:johncurtin.col@education.wa.edu.au)

Fax: 9430 5856

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:**

- |   |   |
|---|---|
| <input type="checkbox"/> Healthcare card _____          | <input type="checkbox"/> Medicare card _____                                    |
| <input type="checkbox"/> Allergy – Anaphylaxis          | <input type="checkbox"/> Hearing condition (eg otitis media)                    |
| <input type="checkbox"/> Allergy – Other _____          | <input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding)           |
| <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Diagnosed migraine/headaches   | _____   |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) |   |

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: \_\_\_\_\_