



# WAMBERAL Public School

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## FAMILY INFORMATION UPDATE

DATE: \_\_\_\_\_

SURNAME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ YR: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ YR: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ YR: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

PARENT 1	PARENT 2
Parent / Guardian: _____	Parent / Guardian: _____
Relationship to Student: _____	Relationship to Student: _____
Address: _____ _____	Address: _____ _____
Phone (Home): _____	Phone (Home): _____
Phone (Work): _____	Phone (Work): _____
Phone (Mobile): _____	Phone (Mobile): _____
Email: _____	Email: _____
Receive School Reports & Correspondence: YES <input type="checkbox"/> NO <input type="checkbox"/>	Receive School Reports & Correspondence: YES <input type="checkbox"/> NO <input type="checkbox"/>
Shared Care <input type="checkbox"/> Court Orders <input type="checkbox"/> <i>(Please provide copy)</i>	Shared Care <input type="checkbox"/> Court Orders <input type="checkbox"/> <i>(Please provide copy)</i>
Emergency Contact 1: _____	Emergency Contact 1: _____
Phone: _____	Phone: _____
Relationship to Student: _____	Relationship to Student: _____
Emergency Contact 2: _____	Emergency Contact 2: _____
Phone: _____	Phone: _____
Relationship to Student: _____	Relationship to Student: _____

### FOR OFFICE USE ONLY:

TASK	SAO	DATE COMPLETED
Updated in ERN		
Updated in Student Wellbeing		