



South Downs Primary School

Mavros Road, Elizabeth Downs, 5113. Phone 8255 6380
8255 6033
Fax 8287 1564

Dear Parent/Caregivers,

The school regularly updates its records to ensure we have the most current and relevant student information.

Please take the time to look over the attached emergency contacts form to make sure that we have up to date information for you and your nominated contacts.

Please make changes on the form if required. Add or change the information as needed in each area.

Please sign (anywhere on the form) and return it to school even if no changes were made.

This information is essential and stored securely in the front office so that you can be contact with certainty when needed.

We appreciate you taking the time to do this.

Thankyou

Bec Jamieson

Principal

What you need to do:

- Read the document
- Make any changes to it (if necessary)
- Sign the document (anywhere)
- Return the document to school

Student Personal Data - Please check carefully

05-Mar-20

StudetRepA&B

Student ID:	Family Name:	Gen.	School Year Level:	Roll Class:
Given Names:	Country of Birth:			
Preferred Name:	Aboriginal:		Origin:	
Date of Birth:	Status:	Torres Strait Islander:	Religion:	
Date Arrived in Aust:	Leave Date:	Previous School Name:		
Permanent Resident:	Medicare No:	Family Mobile Phone:		
Family Phone:	Sil:	Refugee:	Family Email Address:	

Parent / Guardian 1	Relationship:	Mother	Parent / Guardian 2	Relationship:
Title:		gender: F	Title:	Gender:
Family Name:			Family Name:	
Given Names:			Given Names:	
Work Phone:			Work Phone:	
Mobile Phone:			Mobile Phone:	
Occupation:			Occupation:	
Occupation Location:			Occupation Location:	
Language Spoken:			Language Spoken:	
Cultural Background:			Cultural Background:	
Country of Birth:			Country of Birth:	
Needs Interpreter:			Needs Interpreter:	

Parent Guardian addresses (if different from student):

Title:	Title:
Line1:	Line1:
Line2:	Line2:
Suburb:	Suburb:
Mobile Phone:	Mobile Phone:
Phone:	Phone:

Brothers and Sisters
also at the school (if any):

Emergency contact:

Contact Person Name	Contact Relation	Phone	Silent	Mobile phone

Custody information:

Permissions:	Permission Type	Valid From:	Valid To:	Comment:
	DIGITAL/PHOTO			
	EXTERNAL MEDIA			
	INTRANET			

Student addresses : (H =Holiday, M=Mailing, R=Residential, T=Term, B=Billing, S=SSABSA)

Students normally have a mail address. The others are included only when they are different from the normal mail address. (eg a country student may have a term address in the city)

Type	Mailing Title	Address Line 1	Address Line 2	Suburb	PCode	phone	Silent

Student Email Address:

Student Mobile Phone:

Student's Doctor:

Special Medical Conditions (if any):