



Phone 59864884

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CHANGE OF STUDENT INFORMATION DETAILS FORM

Student's Name:

Room No :

Student's Name:

Room No :

Student's Name:

Room No :

Student's Name:

Room No :

Current Address:

Current Mobile No:

Mother's Name:

Mobile Phone No:

Mothers Work:

Work Phone No:

Father's Name:

Mobile No:

Father's Work:

Work Phone No:

ADDRESS OF EITHER PARENT IF DIFFERENT TO STUDENT:

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PLEASE TICK APPROPRIATE CHECK BOX

STUDENT LIVES WITH BOTH PARENTS

STUDENT LIVES WITH MOTHER

STUDENT LIVES WITH FATHER

STUDENT LIVES WITH OTHER

Emergency Contact 1: Name:

Mobile No:

Emergency Contact 2: Name:

Mobile No:

Has your child developed / had a change in a medical condition over the last twelve months? YES / NO

If yes please give details?

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Signed _____

Dated _____

**IF YOUR CHILD HAS A MEDICAL CONDITION THAT REQUIRES THEM TO BE GIVEN SPECIAL MEDICATION AT SCHOOL
PLEASE REQUEST AN "AUTHORISATION FOR ADMINISTERING MEDICATION" FORM FROM THE SCHOOL OFFICE
AND PROVIDE APPROPRIATE MEDICATION INCLUDING ASTHMA INHALER, EPIPEN ETC**