



CHANGE OF DETAILS

Date:

TALARA PRIMARY COLLEGE



Student Details

Surname: _____	Given Names: _____
Preferred Name: _____	Date of Birth: _____
Gender: M <input type="radio"/> F <input type="radio"/>	Religion: _____
Country of Birth: _____	Cultural Background: _____
Previous School: _____	Class and Year Level: _____
Are you of Aboriginal or Torres Strait Islander decent ? Yes <input type="radio"/> No <input type="radio"/>	

Change of Health Information

Does your child suffer from **ASTHMA**? YES ☐ NO ☐

[If required to use a puffer at school please complete below]

- Factors which may trigger an acute attack are: _____
- Name of medication: _____ Dose required: _____

Does your child have any **ALLERGIES**? [eg. bee stings] YES ☐ NO ☐

[If YES, please give details]

Does your child have any **MEDICAL PROBLEMS** the school should know about? YES ☐ NO ☐

[If YES, please describe problem and give details of action required by the school if any of these problems occur during school hours]

Does your child have regular **MEDICATION** [long term only]? YES ☐ NO ☐

Name of medication: _____

If this medication needs to be administered during school hours a separate medication form will need to be completed.

Does your child have any **PHYSICAL PROBLEMS** the school should know about? YES ☐ NO ☐

- Eyes _____
- Ears _____
- Speech _____
- Physical Disabilities _____
- Motor coordination/balance _____
- Other _____

Brothers/ Sisters Details

Names	Date of Birth

CHANGED CUSTODY DETAILS:

PARENT/GUARDIAN 1 DETAILS

Family Name:	Title:	Given Name:	Gender: M / F
Occupation:	Work Location (<i>Business</i>):		Work Phone:
Mobile home:	Mobile Work:		Email address:
Relationship to Student:	Cultural Background:	Country of Birth:	Home Language (<i>if other than English</i>)

PARENT/GUARDIAN 2 DETAILS

Family Name:	Title:	Given Name:	Gender: M / F
Occupation:	Work Location (<i>Business</i>):		Work Phone:
Mobile Home:	Mobile Work:		Email address:
Relationship to Student:	Cultural Background:	Country of Birth:	Home Language (<i>if other than English</i>)

STUDENT'S RESIDENTIAL ADDRESS DETAILS

Home Phone:	Mobile Phone (<i>if applicable</i>):		
Home Address:	Suburb:	Post Code:	
If the school needs to send mail home who should we address it to (<i>eg Mr & Mrs Smith, Ms White</i>):	Postal Address (<i>if different from home address</i>):		

CHANGED EMERGENCY CONTACTS

(Please place in priority order including Parent/Guardian)

	Name:	Relationship	Home/Mobile Phone:	Work/Mobile Phone:
1				
2				
3				
4				

Changed Family Medical Details

Doctor's Name:	Address:		
Phone Number:	Is the family covered for Ambulance transport: YES / NO		

Any other information

PARENT/GUARDIAN SIGNATURE		Date:
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