



Katoomba Public School

Pupil Information Form 2021

SURNAME: _____ GIVEN NAMES: _____ MALE / FEMALE (circle)

CLASS: _____ DATE OF BIRTH: _____

ADDRESS: _____ POST CODE: _____

HOME PHONE: _____ EMAIL ADDRESS: _____

CARER 1 NAME: _____ WORK PH: _____ MOBILE: _____

RELATIONSHIP _____

CARER 2 NAME: _____ WORK PH: _____ MOBILE: _____

RELATIONSHIP _____

ANY CHANGES TO FAMILY CIRCUMSTANCES: _____

EMERGENCY CONTACTS:

1. Name of Contact Person (OTHER THAN PARENTS ABOVE): _____

Relationship to child (EG AUNT, NEIGHBOUR): _____ Home: _____

Mobile: _____

2. Name of Contact Person (other than parents above): _____

Relationship to child (EG AUNT, NEIGHBOUR): _____ Home: _____

Mobile: _____

Scripture Class: please circle choice Catholic Protestant Non-Scripture Ethics

Names of any brothers and sisters at this school and their class:

1) _____ 2) _____

3) _____ 4) _____

Is the child of Aboriginal/Torres Strait descent, please circle YES NO

Aboriginal mother: YES NO Aboriginal father: YES NO

CUSTODY: IF APPLICABLE PLEASE STATE WHO HAS CUSTODY OF THE CHILD AND SUPPLY SCHOOL WITH A COPY OF CUSTODY PAPERS

IF NOT ALREADY PROVIDED.

DETAILS: _____



PARENTS/CAREGIVERS PLEASE COMPLETE MEDICAL DETAILS OVERPAGE



MEDICAL AND EMERGENCY DETAILS

To assist in providing medical care during school hours please advise any known Allergies or Conditions which would cause illness, reactions or need medical attention. Please include details if your child has asthma and relevant medications.

Allergy/Asthma//Medical condition	Is this condition Severe or Mild	Please list the Medication to be held at school
Eg Allergic to nuts	Severe	Epipen

Does your child have a documented action plan from a doctor (eg Asthma/ASCIA action plan).

If yes, please supply a copy to the school. *Plans must be updated as changes occur, please supply the school with any changes.*

Doctor's name/ Medical centre _____

Doctor's phone number _____

Medicare Number _____

Does your child have any problems we should be aware of? If yes please give details e.g sight, hearing, speech, special toileting needs, _____



SHOULD MY CHILD NEED URGENT MEDICAL ATTENTION, PERMISSON IS GRANTED TO CALL AN AMBULANCE OR A DOCTOR AT THE DISCRETION OF THE PRINCIPAL, OR THE STAFF MEMBER IN ATTENDANCE.

SIGNED:MOTHER/CAREGIVER: _____ DATE: _____

SIGNED:FATHER/CAREGIVER: _____ DATE: _____

Please remember that if at any time these details change, you can notify the school by collecting a change of details slip from the office or simply writing a note and sending it in with your child or sending an email to the school. All changes must be submitted in writing before any changes can be made to your child's record.