



(Please indicate the program attending with a ✓)

STUDENT DETAILS

Legal Surname:		Title: (Miss Ms Mx Mr)	
Legal First Given Name:			
Legal Second Given Name:			
Preferred Name (if applicable):			
Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank	Birth Date: _____ / _____ / _____		
Any Known Allergies:		Any Medical Conditions:	
Kindergarten Attending			
Older Siblings? YES / NO	School Elder Sibling Attending		

FAMILY DETAILS

ADULT A DETAILS (PRIMARY CARER):

Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank	
Title: (Ms, Mrs, Mx, Mr, Dr etc)	
Legal Surname:	
Legal First Name:	
Home Telephone:	
Mobile:	
Work Telephone:	
Email:	

ADULT B DETAILS:

Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank	
Title: (Ms, Mrs, Mx, Mr, Dr etc)	
Legal Surname:	
Legal First Name:	
Home Telephone:	
Mobile:	
Work Telephone:	
Email:	

FAMILY HOME ADDRESS

No. & Street Name:		
Suburb:	Postcode:	

PARENT / GUARDIAN CONSENT: *(cross out any unacceptable statement)*

In the event of illness or injury to my child whilst at school, I authorise the Principal or teacher-in-charge of my child, where it is impossible to contact me to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.
- permission for the taking of photographs or videos on behalf of Clarinda Primary School and DET, that may be used in the school newsletter.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

