



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: ____ / ____ / ____

