

Notification of Change of Student Contact Details

Student Name:

Form:

Caregiver 1 – This is the primary caregiver who the student lives with.

Relationship to student	Title	First Name	Surname		
Physical Address	number	street	RD	Town	postcode
Postal Address <small>if different from physical address</small>					postcode
Home phone			Cell phone		
Work phone			Email		

Caregiver 2

Relationship to student	Title	First Name	Surname		
Physical Address	number	street	RD	Town	postcode
Postal Address <small>if different from physical address</small>					postcode
Home phone			Cell phone		
Work phone			Email		

Emergency Contact

Relationship to student	Title	First Name	Surname		
Address					
Home phone			Cell phone		
Work phone			Email		

Medical

Medical Conditions					
	Please indicate if student carries a blood borne virus (HIV / Aids / Hepatitis):				
Medical Clinic			Dentist Clinic		
Do you give permission for First Aid staff to administer Panadol for pain relief (as per manufacturer's recommendations)			YES	NO	

Bus Information

Bus route number			Distance from school	Kms
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Newsletters

If you would like to have the Te Puke High School newsletters emailed to you please enter the email address you would like them sent to:	
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