

YIDARRA CATHOLIC PRIMARY SCHOOL - SCHOOL RECORD INFORMATION

If you already have children at Yidarra, these details will **override** all previous details on our database.

STUDENT'S DETAILS

(PLEASE PRINT CLEARLY)

STUDENT'S SURNAME: _____ FIRST NAME: _____

DATE OF BIRTH: RELIGION: SEX: M / F

STREET ADDRESS: SUBURB:

POST CODE: PHONE (HOME):

COUNTRY OF BIRTH:

ETHNIC BACKGROUND: MAIN LANGUAGE SPOKEN IN THE HOME:

ALLERGIES, ASTHMA, OTHER MEDICAL CONDITIONS ETC:

SCHOOL FACTION OF **SIBLINGS** AT YIDARRA: RED BLUE GREEN YELLOW

NAME OF PREVIOUS SCHOOL (if applicable):

Address:

IMMUNISATION – MOST CURRENT RECORD ATTACHED **YES / NO**

RELIGIOUS DENOMINATION: **PARISH PRIEST:**

NAME OF PARISH: SUBURB:

PLACE OF BAPTISM: DATE OF BAPTISM: ____ / ____ / ____

SACRAMENTS RECEIVED: Reconciliation Communion Confirmation

EMERGENCY CONTACTS:

The following persons **MUST** be able to collect & care for your sick/injured child if parents/guardians unable to be contacted.

1. NAME: RELATIONSHIP TO CHILD:

PH: (H) PH: (W) MOB:

2. NAME: RELATIONSHIP TO CHILD:

PH: (H) PH: (W) MOB:

MEDICAL EMERGENCY AUTHORISATION: I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited practitioner on my behalf.

FAMILY DOCTOR: PH:

FATHER'S/GUARDIAN'S DETAILS: **MOTHER'S/GUARDIAN'S DETAILS:**

SURNAME: SURNAME: Mrs / Ms / Miss

FIRST NAME: FIRST NAME:

RELIGION: RELIGION:

OCCUPATION: OCCUPATION:

EMPLOYER: EMPLOYER:

PH: (W) MOB: (W) PH: (W) MOB: (W)

EMAIL: EMAIL:

WORKING DAYS & HOURS: WORKING DAYS & HOURS:

COUNTRY OF BIRTH: COUNTRY OF BIRTH:

MARITAL STATUS: MARITAL STATUS:

STUDENT / MOTHER / FATHER (please circle) BORN OUTSIDE AUSTRALIA: **YES / NO**

A copy of the following documentation has been provided for each person:

VISA DETAILS PASSPORT RESIDENCY DETAILS AUSTRALIAN CITIZENSHIP

All details given are correct and the Medical Emergency Authorisation has been read and understood.

Signature of Mother/Guardian: Signature of Father/Guardian:

Date: Date: