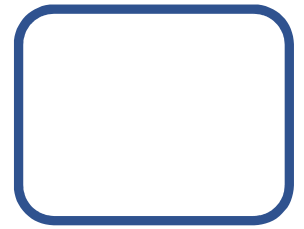




Student Information Form Year 2017



Name of Student:		
Preferred name to be called:		
Address:		
Street:	Suburb:	Postcode:

Birthdate:	Age:

Parent Contact Details:		
Name:	Number Work/ Home:	Mobile Number:
Relationship to child:		
Emergency Contact Details:		
Emergency Contact 1:		
Name:	Number Work/ Home:	Mobile Number:
Relationship to child:		
Emergency Contact 2:		
Name:	Number Work/ Home:	Mobile Number:
Relationship to child:		
Allergies/ Medical Conditions of concern: _____ _____		

Does your child have an Epi-pen:	Yes?	No?
Is there anything else you would you like us to know about your child? _____ _____		
If I am not available, and a medical emergency arises, the supervising teacher has my permission to seek medical help:		
Signature:	Date:	
I give permission to take my child's pictures for class projects, Little Minds Makerspace website or Facebook?		
Signature:	Date:	