



Student Information Update 2023

STUDENT'S NAME: _____ **YEAR / ROLL:** _____

OTHER STUDENT'S at NSW Government School? Please state Students Name, Year & School attending

HOME ADDRESS: _____

POSTAL ADDRESS: _____

HOME PHONE #: _____ STUDENT'S MOBILE #: _____

FAMILY MEDICARE #: _____ STUDENT'S INDIVIDUAL #: _____ EXP. DATE: ___/___

EMAIL ADDRESS: _____

INTERNET ACCESS: Yes / No COMPUTER ACCESS: Yes / No

PARENT CARER 1 NAME: _____

Address: _____

Relationship to Student: _____

Mobile Phone No: _____ Work Phone No: _____

Occupation: _____ GROUP (1, 2, 3, 4 or 8) _____

- Group 1 – Senior Management in large business organisations ie government*
- Group 2 – Other business managers, arts/media/sportspeople and associate professionals*
- Group 3 - Tradesmen/women, clerks and skilled office staff, sales and service staff*
- Group 4 – Machine operators, hospitality staff, assistants, labourers and*
- Group 8 – Not in paid work in the last 12 months*

SCHOOL EDUCATION (Highest Level of Schooling Completed) (Please Circle)

Year 12 Year 11 Year 10 Year 9 or equivalent or below

EDUCATIONAL QUALIFICATIONS (Highest Qualification Completed) (Please Circle)

Bachelor Degree or above Advanced diploma/diploma
Certificate I to IV (Inc trade certificate) No Non-school Qualifications

Is Parent Carer 2 of Aboriginal or Torres Strait Islander Origin? Yes / No (Please Circle)

Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander

PARENT CARER 2 NAME: _____

Address (if different to Parent Carer 1): _____

Relationship to Student: _____

Mobile Phone No: _____ Work Phone No: _____

Occupation: _____ GROUP (1, 2, 3, 4 or 8) _____

- Group 1 – Senior Management in large business organisations ie government*
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- Group 3 - Tradesmen/women, clerks and skilled office staff, sales and service staff*
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Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander

EMERGENCY CONTACTS

In the case of an emergency, can you please provide the names of a minimum of **two** contacts **other** than the parents / carers.

EMERGENCY CONTACT 1 NAME: _____

RELATIONSHIP TO STUDENT: _____

PHONE HOME: _____

PHONE WORK: _____

MOBILE: _____

EMERGENCY CONTACT 2 NAME: _____

RELATIONSHIP TO STUDENT: _____

PHONE HOME: _____

PHONE WORK: _____

MOBILE: _____

EMERGENCY CONTACT 3 NAME: _____

RELATIONSHIP TO STUDENT: _____

PHONE HOME: _____

PHONE WORK: _____

MOBILE: _____

Reason for completing Sheet ie: new address

Parents please note:

- If you are changing your family residential address the DET require evidence to be sighted, please return this form together with either: an electricity/water/council invoice; property title/deed; or a property lease agreement; with the new address.
- If your child has a medical Health Care Plan, ASCIA or Emergency Plan issued by a Doctor please notify the school especially if anything changes.

Family Information Sheet completed by:

Parent/Guardian Name: _____ Signature: _____ Date: _____

KHS Office: Information collected & validated by: _____ Date: _____