



STUDENT VALIDATION FORM



As the Parent/Legal Guardian, please complete the following form if any information pertaining to the Student, Parent/Guardian have changed or should you wish to add an Additional Contact Person to act as an emergency contact for your child. If insufficient space, please attach a separate sheet.

ANY QUESTIONS, PLEASE CONTACT THE SCHOOL OFFICE ON 3820 1200 OR palexhills@bne.catholic.edu.au

Student/s Name & Class: _____

(Please List all students names and their Class this change relates to or complete a separate form for each Student)

Details to be changed for: - Mother Father Guardian Emergency Contact

Name: Name:

Mobile Number: Mobile Number:

Home Number: () Home Number: ()

Work Number: () Work Number: ()

Email: Email:

Residential Address: _____

Postal Address (if different to residential): _____

Other Information: _____

Additional Contact Person's Details: (this person will act as an emergency contact for your child)

Title:

- Mr Mrs Miss
- Ms Dr Fr
- Sr Br Rev Prof

Gender:

- Male Female

Legal Surname:

Legal First Name:

Other Given Name(s):

Date of Birth:

Residential Address

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

Postal/Correspondence Address

Postal Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

Same as Residential Address

Contact Method Type

Order	Silent
Indicate best contact order	Is this number silent?

Home Telephone Number:

()

Mobile Telephone Number:

Email Address:

Work Telephone Number:

()

Indicate best contact order

Work Mobile Telephone Number:

Work Email Address

What is the relationship of this person to the student? _____

Students Medical Update (List any changes if required e.g. Asthma, Allergies).

NOTE: If your child requires medication to be given at school a '*STUDENT MEDICATION REQUEST FORM*' will need to be completed.

Additional Information e.g. delete/update Additional Contact Person, update to Sacraments, Cultural Background & Citizenship Status

ANY CHANGES TO FINANCIAL ARRANGEMENTS / SCHOOL FEES PLEASE CONTACT THE SCHOOL

Signed: _____ Print Name: _____

Relationship to Student:: _____ Date: _____

If information pertaining to the student and their relationships changes at any future date, please inform the school

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