



# CAMP HILL STATE INFANTS AND PRIMARY SCHOOL

## STUDENT CONTACT DETAILS UPDATE

Please complete the appropriate sections below and return to the Administration Office as soon as possible.

**Child's Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**New Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**PARENT/CAREGIVER 1**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mobile Number: (Wk) \_\_\_\_\_ (P) \_\_\_\_\_

**PARENT/CAREGIVER 2**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mobile Number: (Wk) \_\_\_\_\_ (P) \_\_\_\_\_

**NEW EMERGENCY CONTACTS (3 if possible)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (Wk) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (Wk) \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (Wk) \_\_\_\_\_

**CUSTODY CHANGES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION:**

I certify that the above information is correct.

**Signature:** \_\_\_\_\_ **Date:**        /        /

**OFFICE USE ONLY**

**Date received:**        /        /        **Administration Officer Signature:** \_\_\_\_\_

**Entered on OneSchool:**        /        /