

## CONFIDENTIAL FAMILY INFORMATION UPDATE 2019

(This form is to be completed per child-please complete back & front of this form)

FAMILY NAME \_\_\_\_\_ CHILD'S NAME: \_\_\_\_\_ CHILD'S CLASS: \_\_\_\_\_

HOME/ADDRESS: \_\_\_\_\_

MALE/ FEMALE \_\_\_\_\_ CHILD'S DATE OF BIRTH \_\_\_\_\_ CHILD'S RELIGION: \_\_\_\_\_

### MOTHER'S INFORMATION

FAMILY NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NO: \_\_\_\_\_ MOBILE PHONE NO: \_\_\_\_\_

RELIGION: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_ Do you have a Healthcare card: Y/N

LANGUAGE SPOKEN AT HOME: \_\_\_\_\_ Email: \_\_\_\_\_

WHAT IS THE HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOL THE MOTHER HAS COMPLETED?

YEAR 12 [ ] YEAR 11 [ ] YEAR 10 [ ] YEAR 9 OR BELOW [ ]

WHAT IS THE HIGHEST QUALIFICATION THE MOTHER HAS COMPLETED?

BACHELOR DEGREE OR ABOVE [ ] ADVANCED DIPLOMA/ DIPLOMA [ ] CERTIFICATE I TO IV [ ]

NON SCHOOL QUALIFICATION [ ]

PLEASE TICK✓ : Married ( ) Single ( ) Separated ( ) Divorced ( ) Widow ( ) DeFacto ( )

SELF EMPLOYED [ ] EMPLOYED [ ] UNEMPLOYED [ ]

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMPLOYMENT PHONE NO: \_\_\_\_\_

### FATHER'S INFORMATION

FAMILY NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NO: \_\_\_\_\_ MOBILE PHONE NO: \_\_\_\_\_

RELIGION: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_ Do you have a Healthcare card: Y/N

LANGUAGE SPOKEN AT HOME: \_\_\_\_\_ Email: \_\_\_\_\_

WHAT IS THE HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOL THE FATHER HAS COMPLETED?

YEAR 12 [ ] YEAR 11 [ ] YEAR 10 [ ] YEAR 9 OR BELOW [ ]

WHAT IS THE HIGHEST QUALIFICATION THE FATHER HAS COMPLETED?

BACHELOR DEGREE OR ABOVE [ ] ADVANCED DIPLOMA/ DIPLOMA [ ] CERTIFICATE I TO IV [ ]

NON SCHOOL QUALIFICATION [ ]

PLEASE TICK✓ : Married ( ) Single ( ) Separated ( ) Divorced ( ) Widow ( ) DeFacto ( )

SELF EMPLOYED [ ] EMPLOYED [ ] UNEMPLOYED [ ]

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMPLOYMENT PHONE NO: \_\_\_\_\_

## CONFIDENTIAL

**HOME CORRESPONDENCE** (PLEASE TICK ✓) Do you require an interpreter for correspondence or communication? Yes ( ) No ( ) If the answer to the above question is YES, please tick the language you require: VIETNAMESE ( ) MANDARIN ( ) TIGRINYA ( ) Other, please specify :WOULD YOU LIKE TO RECEIVE YOUR NEWSLETTER BY EMAIL ? Y/N (Please circle) If yes, please provide email address: \_\_\_\_\_

**HEALTH:** Please tick if your child suffers from any of the following illnesses/disabilities ? ASTHMA ( ) EPILEPSY ( ) DIABETES ( ) ALLERGIES ( ) – Please specify ( ) SIGHT ( ) SPEECH ( ) HEARING ( ) ANAPHYLAXIS ( ) or OTHER ( )

*If this information has not previously been provided to the school, please provide written details, including Action Plans, medications and/or Doctor's Report/Certificates.*

### PARENT/GUARDIAN OBLIGATIONS:

I ACCEPT – as a Parent/Guardian I must be prepared to support the ethos of the school in the Catholic Education of my child and involve myself as much as possible. Please tick

I ACCEPT – that all children are expected to take part in the whole school curriculum. This will include attendance at church liturgies, assemblies, swimming, excursions and school camp Please tick

I ACCEPT – to support my child's education through payment of school fees and levies as arranged with Our Lady's School and to meet the financial responsibilities for the ongoing enrolment of my child. (Any difficulties should be discussed with the Principal.)

I CONSENT for my child to participate in the Schools Head Lice Program each term & to abide by the Policy Please tick

I WILL support my child's education through my involvement in school activities where and when I am able. Please tick

I WILL – supply the school with a Health Immunisation Certificate . Please tick

I ACCEPT that children dropped at school prior to 8.40am or not picked up by 3.40pm will be taken to Extend School Care where charges will apply. Please tick

I AM AWARE- If I am not Catholic, that enrolment at Our Lady's School does not imply automatic acceptance at another Catholic Primary or Secondary School. Please tick

All parents are part of the Parents Association at OLIHC School. Parents email/contact details will be shared with the P.A. for communication purposes. If you do not wish this to occur, please mark an X in the 'no' box provided. NO

### Emergency Contact Person when parents cannot be contacted:

Name:

Phone Number/s:

Relationship to child:

CUSTODY: Are there any child custody issues that the school needs to be aware of? Yes/No

### PERMISSION:

#### I GIVE PERMISSION FOR MY CHILD TO :

Be taken walking on an excursion/outing in the local area at times as arranged by the teacher. Please tick

**PHOTO PERMISSION:** I give permission for the school to use my child's photographic image for the purposes of school promotion, including billboards, in the event that newspaper photographers attend our school. Your child's first name, but not their surname may be used in the newspaper article.

Please tick

**SCHOOL WEBSITE PERMISSION:** I give permission for the school to use my child's photographic image on the school website. Your child's name will not be used in any way. Please tick

PARENT'S NAMES: (Please print) \_\_\_\_\_

PARENT'S SIGNATURES: \_\_\_\_\_