



EduPoint ID:
2016 School:

Student Personal Details Validation Form 2017

Student Details

Full Name:		
Gender:		
Date of Birth:		
Evidence of Identity: Type and Reference Number	<i>Not required for students currently enrolled at a Government School</i>	
Mobile Phone:		
Home Phone:		
Mailing Address:		
Mailing Suburb:		Post Code:
Residential Address:		
Residential Suburb:		Post Code:

Parent/Guardian Contact Details - Main Contact

Full Name:		
Relationship to Student:	Preference No:	
Contact 1:	Contact 3:	
Contact 2:	Contact 4:	
<i>Please be sure to include an email address as one of your contact methods</i>		
Mailing Address:		
Mailing Suburb:	Post Code:	
Residential Address:		
Residential Suburb:	Post Code:	
Responsibility for Student Fees/Levies:	<input type="checkbox"/> Full Fees <input type="checkbox"/> Part Fees (please enter % of fees) _____ % <small>(If part fees are applicable then both Parent/Guardians must sign otherwise main contact will be held responsible)</small>	
Signature Main Parent/Guardian: _____		

*** IMPORTANT - PLEASE READ**

Below is a summary of the Emergency Contacts you have currently listed on your file.

- *Please check these details carefully. If the contact person is no longer applicable, please tick the relevant box to have them removed from your file. Please note that a parent/guardian cannot be removed without supporting legal documentation.*
- *Add any new contacts to the empty boxes.*
- *In the case of an emergency, the College will contact the listed Parent/Guardian/Emergency Contacts in order of preference. Please complete the order of preference in the boxes below.*

Emergency Contact Details - Second Contact

Full Name:

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Relationship to Student:

	Preference No:	
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Contact 1:

	Contact 3:	
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Contact 2:

	Contact 4:	
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Please be sure to include an email address as one of your contact methods

Mailing Address:

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Mailing Suburb:

	Post Code:	
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Residential Address:

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Residential Suburb:

	Post Code:	
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Responsibility for Student Fees/Levies:
(If a Parent/Guardian)

<input type="checkbox"/> Full Fees	<input type="checkbox"/> Part Fees (please enter % of fees) _____ %
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(If part fees are applicable then both Parent/Guardians must sign otherwise main contact will be held responsible)

Signature Main Parent/Guardian: _____

<input type="checkbox"/> This contact is no longer applicable - please remove them from my file

Please note: A Parent/Guardian cannot be removed without supporting legal documentation

Emergency Contact Details

Full Name:

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Relationship to Student:

	Preference No:	
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Contact 1:

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Contact 2:

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Emergency Contact Details

Full Name:

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Relationship to Student:

	Preference No:	
--	----------------	--

Contact 1:

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Contact 2:

--	--	--

Emergency Contact Details

Full Name:			
Relationship to Student:		Preference No:	
Contact 1:			
Contact 2:			

Emergency Contact Details

Full Name:			
Relationship to Student:		Preference No:	
Contact 1:			
Contact 2:			

Emergency Contact Details

Full Name:			
Relationship to Student:		Preference No:	
Contact 1:			
Contact 2:			

Emergency Contact Details

Full Name:			
Relationship to Student:		Preference No:	
Contact 1:			
Contact 2:			

Court and Other Orders

Are there currently any Court or Other Orders relating to this student?

Yes No (If YES please attach a copy)

Independent Students

Are you an independent student?

Yes No (If YES proof of independence must be supplied)

Medical Details

Does your child suffer from any of the below conditions (tick yes or no):

Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Headaches/Migraine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Psychiatric Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anxiety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cystic Fibrosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please outline the treatment plan for the above condition/s:

Please describe any current medical condition / treatment not listed above:

Condition:

Medication / Treatment:

Allergy/Anaphylaxis Information (Please tick all that apply, this must be updated every year)

Does this student have an allergy?

Yes No

He/she is allergic to:

If yes, has it involved hospitalisation? Yes No

Is it life-threatening? Yes No

Has it ever been called anaphylaxis? Yes No

If yes, has the student ever been prescribed an EpiPen or and Anapen? Yes No

Is there a Medical Action Plan in place with the school? Yes No

Permissions - Please Circle

Yes	No	To publish student photos in Print or Electronic Media
Yes	No	To publish student photos in Department of Education Publications
Yes	No	To publish student work in Print or Electronic Media
Yes	No	Media Interview or Photo
Yes	No	Go on Minor Excursions
Yes	No	Students to receive handouts
Yes	No	Computer Use Agreement signed by both Student and Parent (green form)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Office Use Only:

Date: _____ Initial: _____

Initial to confirm entry in EduPoint