



PERSONAL INFORMATION CHANGES ERSKINE PARK HIGH SCHOOL

To be returned to the Front Office

Note: all previous information will be deleted

CHILDREN'S NAMES:	Year:	PC Group
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HOME:	Mailing Title:	
	Address:	
	Home Phone Number:	
	Email address:	

FATHER/GUARDIAN:	Name:	
	Address and home phone <i>if different from 'Home' above:</i> Will not automatically be included as an emergency contact	
	Work phone number:	
	Mobile phone number:	
	Occupation:	

MOTHER/GUARDIAN:	Name:	
	Address and home phone <i>if different from 'Home' above:</i> Will not automatically be included as an emergency contact	
	Work phone number:	
	Mobile phone number:	
	Occupation:	

EMERGENCY CONTACTS:	Name:	1.	2.
<i>Other than parent/s living at the same address as the student</i>	Home phone number:		
	Mobile phone number:		
	Relationship to child:		

CHANGES TO MEDICAL DETAILS/ALLERGIES			
CHANGES TO GUARDIANSHIP:			
SIGNATURE OF PARENT/GUARDIAN:			

OFFICE USE ONLY:	Date entered:	Initials:
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