



DO YOU NEED TO UPDATE IMPORTANT INFORMATION ??

STUDENT UPDATE INFORMATION FORM

Please return to the office by the March 2 2018

Eldest Student's Name: _____ Year _____

Other Students attending HRHS:

Name _____ Year _____

Name _____ Year _____

Name _____ Year _____

Contact details for Parents/Carers with whom the student resides with:

Name to be used for all correspondence: _____

Email: _____

Residential address: _____

Mailing Address (if different from above)

Parent/Carer 1 Name: _____ Relationship to student: _____

Mobile: _____ Home: _____ Work: _____

Parent/Carer 2 Name: _____ Relationship to student: _____

Mobile: _____ Home: _____ Work: _____

Other Parents/Carer contact details for Parent/Carer not living with Students:

Name: _____ Relationship to student: _____

Residential Address _____

Mobile _____ Home Ph No: _____ Work _____

Emergency details:

(If we cannot contact you, in the event of an emergency please provide details for TWO other contacts)

Contact Name 1: _____ Relationship to Student: _____

Ph No: _____ Mobile: _____

Contact Name 1: _____ Relationship to Student: _____

Ph No: _____ Mobile: _____

Please turnover to complete the Medical Details on back of this form



Medical Details Student 1: *Please attach further information if needed.*

Allergies- please specify any allergies suffered by the student (e.g. Peanuts, insect stings).

Students Name _____ DOB ____ / ____ / _____ Year Group _____
Allergies _____

Is an EpiPen required Yes / No

Other Medical Conditions - Please specify any medical conditions and treatment (e.g. Asthma, Epilepsy)

Medication – Please specify any prescribed medication that is to be taken by the student.

Medical Details Student 2: *Please attach further information if needed.*

Allergies- please specify any allergies suffered by the student (e.g. Peanuts, insect stings).

Students Name _____ DOB ____ / ____ / _____ Year Group _____
Allergies _____

Is an EpiPen required Yes / No

Other Medical Conditions - Please specify any medical conditions and treatment (e.g. Asthma, Epilepsy)

Medication – Please specify any prescribed medication that is to be taken by the student.

Medical Details Student 3: *Please attach further information if needed.*

Allergies- please specify any allergies suffered by the student (e.g. Peanuts, insect stings).

Students Name _____ DOB ____ / ____ / _____ Year Group _____
Allergies _____

Is an EpiPen required Yes / No

Other Medical Conditions - Please specify any medical conditions and treatment (e.g. Asthma, Epilepsy)

Medication – Please specify any prescribed medication that is to be taken by the student.