

# STUDENT UPDATE FORM

PARENTS PLEASE COMPLETE

Child's Name: .....  
 Room No: .....  
 Year Level: .....

Dear Parent/Caregiver

Every year we need to update student information as part of our school emergency procedures. Please complete the details below (one form per student), then sign and date the second page where indicated and return to the office as soon as possible.

**STUDENT DETAILS:**

FAMILY NAME	FIRST NAME	ADDRESS	DATE OF BIRTH	HOME PHONE	ETHNICITY(IES)	IWI/HAPU (if applicable)

**PARENT/LEGAL GUARDIANS:** (Please list these people in the order in which the school should make contact)

RELATIONSHIP TO CHILD	FAMILY NAME	FIRST NAME	ADDRESS AND EMAIL	HOME PHONE	WORK PHONE	CELL PHONE

**OTHER EMERGENCY CONTACT DETAILS:** (Please list these people in the order in which the school should make contact)

RELATIONSHIP TO CHILD	FAMILY NAME	FIRST NAME	ADDRESS	HOME PHONE	WORK PHONE	CELL PHONE

**CUSTODY/ACCESS ARRANGEMENTS:** (Copies of current Court Orders etc. must be attached) Attach separate sheet if more space required

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**NEWSLETTER**

I will read via Skool Loop    OR     Please send me an email copy. My email address is : \_\_\_\_\_

**HEALTH:**

**FAMILY DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

Please enter your child's name and indicate any problems they suffer from by using the following key:

1 = MILD                      2 = MODERATE                      3 = SEVERE

CHILD'S NAME	ALLERGIES	ASTHMA	SIGHT	SPEECH	HEARING	OTHER

Medical comments: \_\_\_\_\_

**OTHER IMMEDIATE FAMILY MEMBERS LIKELY TO ATTEND PARAPARAUMU BEACH SCHOOL IN THE FUTURE:**

FAMILY NAME	FIRST NAME	DATE OF BIRTH	MALE / FEMALE

**ANY OTHER INFORMATION THE SCHOOL SHOULD BE AWARE OF:**

\_\_\_\_\_  
\_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_