

# 2025 Student Information Sheet

Please complete **one form per family** and return to school as soon as possible.



## Student Details

Family Name: .....

- First Name: .....
- First Name: .....
- First Name: .....

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## Caregivers' Details

Primary Caregiver: ..... Relationship to child:.....

Address: .....

Occupation: .....

Home ph:..... Work ph:..... Mob:.....

Email (for school news, etc) .....@.....

Secondary Caregiver: ..... Relationship to child:.....

Address: .....

Occupation: .....

Home ph:..... Work ph:..... Mob:.....

Email (for school news, etc) .....@.....

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## Medical Information

Doctor: ..... Medical Centre: .....

Phone: .....

Please list all relevant medical information per child, ie. Conditions, Medications and severe allergies:

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## **Alternative Contacts**

Please list 2 more alternative contacts, if parents cannot be contacted (e.g. *In case of sickness*)

**1 Name**..... Day ph / Mob:.....

Relationship to child (e.g. Aunt, friend, neighbour).....

**2 Name:** ..... Day ph / Mob: .....

Relationship to child (eg. Aunt, friend, neighbour).....

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## **In Case of Civil Defence Emergency**

St Anthony's School prepares students on how to cope in a civil defence emergency.

In a real emergency, it is imperative for us to have on file adequate names of adults to whom your child may be released to, should you not be available. These nominated guardians should ideally be from the Seatoun area and should be aware you have nominated them in case of an emergency.

St Anthony's School undertakes not to release your child/ren to any person not named on this form.

*In the case of a civil defence emergency, I / we request St Anthony's School to hold my child/ren in care until I/we or one of the following adults is able to collect him / her::*

Name..... Day ph / Mob:.....

Name..... Day ph / Mob:.....

Signed .....(Caregiver/s) Date .....

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## **Privacy Act**

I / we give ☐ do not give ☐

permission for my/our contact details to be given to the Board of Trustees and Friends of St Anthony's Fundraising Committee (FOSA).

I / we give ☐ do not give ☐

permission for my child's photograph and/or first name to appear from time to time in St Anthony's publications (newsletter, class blog, school Facebook page) and the school website.

I / we give ☐ do not give ☐

permission for my child's to be seen by a Health Professional (e.g. Vision & Hearing tests).

I / we give ☐ do not give ☐

permission for my child to be administered First Aid.

I / we give ☐ do not give ☐

permission for my child to go on EOTC trips and activities.

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Signed .....(Caregiver/s) Date .....

Signed .....(Caregiver/s) Date .....