

# Landsborough State School

## Student Contact Details UPDATE ADVICE

STUDENT ADDRESS DETAILS*				
Principal place of residence address				
Address line 1				
Address line 2				
Suburb/town		State		Postcode
Mailing address (if it is the same as principal place of residence, write 'AS ABOVE')				
Address line 1				
Address line 2				
Suburb/town		State		Postcode
Email				

STUDENT FAMILY DETAILS				
Parents/carers	Parent/carer 1		Parent/carer 2	
Family name*				
Given names*				
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to student*				
Is the parent/carer an emergency contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parents/carers	Parent/carer 1		Parent/carer 2	
1 <sup>st</sup> Phone contact number*	Work/home/mobile		Work/home/mobile	
2 <sup>nd</sup> Phone contact number*	Work/home/mobile		Work/home/mobile	
3 <sup>rd</sup> Phone contact number*	Work/home/mobile		Work/home/mobile	
Email				
Is the parent/carer a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address line 1				
Address line 2				
Suburb/town				
State		Postcode		Postcode
Mailing address (if it is the same as principal place of residence, write 'AS ABOVE')				
Address line 1				
Address line 2				
Suburb/town				
State		Postcode		Postcode

Parent/Carer Signature:

Date:

OFFICE USE

UPDATED      Date:

Staff Signature:

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