

# NARARA VALLEY HIGH SCHOOL

## UPDATE TO STUDENT INFORMATION

Name of Student:.....Year .....Roll Class.....  
(Please print)

Sex:  Male  Female Student Mobile number.....  
 DOB: .....

**PERMISSION TO PUBLISH** – (occasionally photographs are taken of individual students or classes at school.  
 Please mark one of the following) **YES** - I give permission / **NO** – never photograph my child

**RESIDENTIAL ADDRESS:** (Where student resides)

Parent's Full Name: (e.g. Mr & Mrs, Ms, Mr).....

Address:.....

Home Phone:..... Mobile: ..... Work:.....

Email:.....

**Name of Parent not residing at the above address if access to student is available:**

Name:.....

Address:.....

Access to Student:.....

Home Phone:..... Mobile:..... Work:.....

Email Address:.....

- Please indicate if “Parent NOT Residing” can collect your child from school without a confirmation phone call to you? **YES** **NO**
- Please indicate if “Parent NOT Residing” with student is to receive a copy of their School Report: **YES** **NO**

**Emergency Contact Details:**(If parents/guardians are unavailable)

<p><i>First Emergency Contact :</i></p> <p>Name: .....</p> <p>Daytime Telephone: .....</p> <p>Mobile: .....</p> <p>Relationship to Student:.....</p>	<p><i>Second Emergency Contact :</i></p> <p>Name:.....</p> <p>Daytime Telephone: .....</p> <p>Mobile: .....</p> <p>Relationship to Student: .....</p>
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**Please ensure that you have discussed with the people listed on this page their willingness to be emergency contacts.**

**Travel Arrangements:**

If student travel arrangements need adjusting due to change of address, please visit <https://transportnsw.info/school-students> to make the changes to your details.

**FAMILY INFORMATION**

**Parent/Carer 1**  
e.g. Father, living at the same address as student  
Title (eg. Mr/Ms/Mrs/Dr).....  
Family Name:.....  
Given Name: .....  
Work telephone No: .....  
Mobile telephone No: .....

**Parent/Carer 2**  
e.g. Mother, living at the same address as student  
Title: (eg. Mr/Ms/Mrs/Dr).....  
Family Name: .....  
Given Name: .....  
Work telephone No: .....  
Mobile telephone No: .....

**• Indicate which other students' this change of details affects:**

Student Name: ..... Year .....

Student Name: ..... Year .....

Student Name: ..... Year .....

Student Name: ..... Year .....

Parent/Guardian Signature: .....

Parent/Guardian Name (print) .....

Date: .....

*Office Use Only:*

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Date entered / / / /