



KELLYVILLE RIDGE PUBLIC SCHOOL

Cnr Singleton Avenue & Greenwich Street Kellyville Ridge NSW 2155
Phone 8883 0480 | Email kellyridge-p.school@det.nsw.edu.au

STUDENT INFORMATION UPDATE

Please tick and complete relevant sections

Child's Name: _____ Class: _____

Please note: proof of the new address needs to be provided for all changes to address

Home address: _____

Suburb: _____ Postcode _____

Mailing Address: (If different from above) _____

Home Phone: _____

Mother's Mobile: _____ Mother's Work: _____

Father's Mobile: _____ Father's Work: _____

Emergency Contacts

Name: _____ Phone: _____

Relationship to student: _____

Name: _____ Phone: _____

Relationship to student: _____

Scripture Class: _____

Medical Details – Please list details below. You may be required to complete an updated medical details form (if needed, one will be sent home)

Custody Details

If custody details have changed please send details or a copy of the new court order in an envelope marked "ATTENTION: MRS GOSMAN". **PLEASE NOTE:** Official documentation must be supplied to change current custody details.

Split Families

If family living conditions have changed and the school needs to know, please send information in an envelope marked "ATTENTION: MRS GOSMAN".

OFFICE USE ONLY

Medical / Custody / Split Family details sighted (Principal) _____

Entered on ERN by: _____ Date Entered: _____

Entered on Student Wellbeing by: _____ Date Entered: _____

Parent Signature: _____ Date: _____