



# Macquarie Fields High School FAMILY & STUDENT INFORMATION

OFFICE USE ONLY	
ERN	_____
SENTRAL	_____
NESA	_____

It is vitally important that the school's records of a family's address and phone numbers, as well as all other information, is as accurate as possible at all times. This is especially true in the event of an injury or an illness. Could you please complete this page and have the student **hand it in at the front office**

Please note: the school requires at least one emergency contact phone number of people who will only be contacted if either of the parents are not able to be contacted, either at home or at work.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(Given Name)* *(Family Name)*

Year Group: \_\_\_\_\_

Other MFHS students in this family:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Year Group: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Year Group: \_\_\_\_\_

Mailing Title: \_\_\_\_\_

Address (Number/Street): \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Family Email: \_\_\_\_\_

If your **postal address** is not the same as your street address, please write it here:

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Mobile Number: \_\_\_\_\_ Mother's Mobile Number: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

## Emergency Contacts (Other than parents):

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
*(Emergency Contact No. 1)*

Relationship to Student: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
*(Emergency Contact No. 2)*

Relationship to Student: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

**Details of a parent not residing with student:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Receives copy of Report: Yes / No

Access Details (where applicable) \_\_\_\_\_

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**Medical Information:** Please complete medical details for all family members at Macquarie Fields High School.

1. Student's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other medical conditions the school should be aware of: \_\_\_\_\_

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2. Student's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other medical conditions the school should be aware of: \_\_\_\_\_

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Any other information you feel the school should know: \_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mother / Father / Guardian

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**If at any time, you change any of this information could you please advise  
the school in writing.  
Thank you**