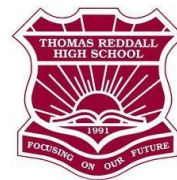


THOMAS REDDALL HIGH SCHOOL

Change of Student Information



Student

Surname:		Given Names:	
Year:		Student Mobile:	
Home Address:			
Family Email:			

Parent/Guardian Details

Parent/Guardian Name		
Relationship to student		
Address		
Primary Contact Number		
Secondary Contact Number		
Email Address		

Emergency Contacts

Emergency Contact Name	1.	2.
Relationship to Student		
Primary Contact Number		

Medical Details and Health Conditions

Does your child have any of the following Medical or Health Conditions?

- ☐ Allergies
☐ Anaphylaxis
☐ Other: _____

Have you supplied the school with your child's current Health Care Plan or ASCIA Plan?

- ☐ Yes
☐ No

Please Note: If you have answered yes to any of the above, and you have not provided information from your child's doctor, you may be required to provide more details.

Medicare Card

Medicare Number:

																Reference No:	
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Expiry: _____

Parent/Carer Signature: _____

Date: _____