

**GREAT LAKES COLLEGE TUNCURRY CAMPUS - FAMILY/PERSONAL AND MEDICAL DETAILS**  
**\*\* PLEASE COMPLETE ALL SECTIONS \*\***



Great Lakes  
College

**A. STUDENT DETAILS:**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

As Above:  or Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

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

Medicare No: \_\_\_\_\_ Reference No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Photographs at School: Yes  No  Is there a Court Order/AVO in place? Yes  No

**B. This section is for the Parent /Carers with whom the student normally lives:**

Parent/Carer 1: \_\_\_\_\_ Parent/Carer 2: \_\_\_\_\_

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

Mobile No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Home No: \_\_\_\_\_ Home No: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Place: \_\_\_\_\_

Work No: \_\_\_\_\_ Work No: \_\_\_\_\_

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

**Other Parent/Carer contact details for Parent/Carer not living with this student:**

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

Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Does the student sometimes reside at this address: Yes  No

Do you wish for this person to receive a copy of the student's report? Yes  No

Is this Person financially responsible for school related activities? Yes  No

If yes, please provide a percentage of their financial responsibility \_\_\_\_\_%

**C. EMERGENCY CONTACTS: In the event of an emergency when the Parents/Carers cannot be contacted.**

IT IS **IMPERATIVE** THAT THE SCHOOL HAS AT LEAST ONE (1) CURRENT EMERGENCY CONTACT AT ALL TIMES DIFFERENT FROM THE PARENTS/CARERS

**Contact 1:**

Name: \_\_\_\_\_

Daytime Contact: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

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

**Contact 2:**

Name: \_\_\_\_\_

Daytime Contact: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

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

**D. MEDICAL INFORMATION: Does your child have any Allergies or Medical Conditions?**

If so please give details:

\_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Carer

Please Sign: \_\_\_\_\_

Parent/Carer

Date: \_\_\_\_\_