

**WINGHAM HIGH SCHOOL – 2022 FAMILY/PERSONAL AND MEDICAL DETAILS**  
**\*\* PLEASE COMPLETE ALL SECTIONS \*\***

**A. STUDENT DETAILS:**

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

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

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

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

As Above:

Home Phone Number: \_\_\_\_\_ Student Mobile Number: \_\_\_\_\_

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

Photographs at School: Yes  No

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

**Parent/Carer 1:** \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

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

**Parent/Carer 2:** \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

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

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

Does the student sometimes reside at this address: Yes  No

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

**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

**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 Chronic Disabilities?*

If so please give details: \_\_\_\_\_

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

**PARENT/CARER ADVICE TO SCHOOL:**

1. Following an absence, we will advise the school of the reason on the first school day after the absence.
2. We are aware that the Wingham High School Community has agreed to the wearing of full school uniform. We will provide full school uniform for our child. We are acknowledging the school has a clothing pool for our student.

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

Father/Carer

Mother/Carer