



**KIRRAWEE HIGH SCHOOL  
CHANGE OF INFORMATION**

Date of Changes: \_\_\_\_\_

Student Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Phone (Home): \_\_\_\_\_ Roll Class: \_\_\_\_\_

Father / Guardian's Full Name: \_\_\_\_\_

Address or As Above: \_\_\_\_\_

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

Phone (Work): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_

Mother / Guardian's Full Name: \_\_\_\_\_

Address or As Above: \_\_\_\_\_

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

Phone (Work): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_

**Emergency Contact (if parent / guardian not available):**

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

Relationship to Family: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Mobile) \_\_\_\_\_

**Medical History**

Allergies (please specify): \_\_\_\_\_

Medical problems / medication: \_\_\_\_\_

Please specify: \_\_\_\_\_

*If necessary, please give further particulars on the reverse side of this form.*

Any other problem that your child may have that could affect their schooling: \_\_\_\_\_

**Prescribed Medication**—Parents must inform the school via Mrs Matthews or Ms Bennett (in school office) of the need to take the medication. The note must have name and class of student, dose, duration of treatment and time of day to take the medication. If you know of any concern about possible side effects, please include that information also. ***The medication for the day is to be left at the office in the morning.*** All medication must be taken under supervision at the office, so make sure the medication has the student's name, dose and time to be taken on the container.

**Analgesics and other over the counter drugs**—These will not be administered by school staff. Students are not to bring these drugs to school. If they do so, the drugs will be taken from them and stored in the office area until the end of the day when they will be returned to them and parents advised of the confiscation. Parents who wish their children to use these drugs will be required to administer them personally.

\_\_\_\_\_  
*Father / Guardian's Signature*

\_\_\_\_\_  
*Mother / Guardian's Signature*

**FOR OFFICE USE ONLY**

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Family Code

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Student ID

OASIS UPDATED

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

***Please notify us if there are any changes in student details during the year.***