

FAMILY INFORMATION UPDATE FORM

Student's name:		Class:
Parent 1: Title: Full r	iame:	
Home Address:		
Suburb:	Postc	ode:
Postal Address: (if different f	rom above)	
Email:		. Mobile:
Parent 2: Title:Full n	ame:	
Home Address:		
Suburb:	Postc	ode:
Postal Address: (if different f	rom above)	
Email:		. Mobile:
Guardian's details: (if appli	cable)	tcode:
Title: Full name:		
Home Address:		
Suburb:	Postco	ode:
Postal Address: (if different f	rom above)	
Email:		. Mobile:
Student lives with:		
☐ Parent 1 (permanently)	☐ Parent 2 (permanently)	☐ Shared Care Arrangement
A copy of current Family Cou	rt Orders has been provided to	the School?
Is there any additional inform	nation that the School should be	e made aware of?
Person completing this form:		
Namo: (alassa saist)	Signatura	Data

 ${\it Please email completed form \ to \ \underline{stivesnth-p.school@det.nsw.edu.au}}$