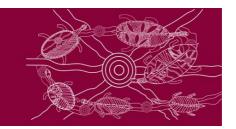


Hawkesbury High School

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AMENDED FAMILY DETAILS

Student's Name:		Year:	
Address:			
Student's Mobile No:	Medicare No:	Expir	e:
Name/s and address to be used for all c	•		
Family Email:		,	
Any changes to student medical details	Yes / No	(please circle)	
Details:			
Contact 1 : Mother / Carer:			
Home Phone:Mo	obile:	Work:	
Financially responsible for student:	Yes / No	(please circle)	
Contact 2: Father / Carer:			
Home Phone:Mo	obile:	Work:	
Financially responsible for student:	Yes / No	(please circle)	
Emergency Contact 1:			
Relationship to student:			
Home Phone:	Mobile: _		
Emergency Contact 2:			
Relationship to student:			
Home Phone:	Mobile:		
Signed:	Date	ed:	

Parent / Carer