

# Mudgeeraba State Special School - 2020



**Postal Address:**  
**Telephone:** 5559 3333  
P O Box 185  
MUDGEERABA QLD 4213

Dear Parents/Caregivers,

It is very important that the school has accurate details for your student. To ensure that our student records are up to date, please complete the form below and return it to Administration as soon as possible.

## Student Update Information

**Student Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

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

**Postal Address:** \_\_\_\_\_

**Parent/Caregiver's Name 1:** \_\_\_\_\_

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

**Address if different to above:** \_\_\_\_\_

**Home No:** \_\_\_\_\_ **Work No:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

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**Parent/Caregiver's Name 2:** \_\_\_\_\_

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

**Address if different to above:** \_\_\_\_\_

**Home No:** \_\_\_\_\_ **Work No:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

**Emergency Contacts (other than parents)**

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

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

**Home No:** \_\_\_\_\_ **Work No:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

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

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

**Home No:** \_\_\_\_\_ **Work No:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

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**Legal Orders/Custody (if relevant) (***Current copy to be provided to the Principal***)**

**Student in Care:** \_\_\_\_\_

**Case Worker Name:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_