



ENGADINE PUBLIC SCHOOL
1A Waratah Road, Engadine NSW 2233
PO Box 42, Engadine NSW 2233
T 9520 8559 F 9548 1186
www.engadine-p.school@det.nsw.edu.au

Update of Student Information
Please complete, and return to Office

Date: _____

Student Surname: _____

Other Names: _____

Residential address: _____

In the event of an emergency, we will contact Parent/Carer 1 first and then Parent /Carer 2 second, followed by the emergency contacts as listed.

Parent / Carer 1: _____

Phone numbers: (H) _____ (W) _____ (M) _____

Parent / Carer 2: _____

Phone numbers: (H) _____ (W) _____ (M) _____

Emergency Contact 1 (other than parent) _____

Phone numbers: (H) _____ (W) _____ (M) _____

Emergency Contact 2 (other than parent) _____

Phone numbers: (H) _____ (W) (M)

Does the child attend Before & After School Care? Yes No

If so, which days and when: _____

