



A School With A View

LANDSCAPE DRIVE, BORONIA, 3155 – P.O. BOX 345
TELEPHONE: (03) 9729 2614 FAX: (03) 9729 7316
EMAIL: boronia.heights.ps@edumail.vic.gov.au

Dear Parent / Guardian

If your child becomes unwell, is distressed or injured we want to provide the best and most appropriate care. Being able to contact you or another emergency contact is essential.

Have any of your phone numbers changed i.e., home, work, mobile or the numbers you have listed for those who collect your child if you are not available? If so, please complete the form below and return to the office.

It is also important that you inform the office of any changes such as separation, divorce, or new partners who need to be added.

If you are uncertain what details we have, please just write down the correct details and we will check.

Your support in this is critical to us meeting your child's needs.

Thank You

.....✂.....

CHANGE OF EMERGENCY DETAILS PLEASE RETURN TO THE OFFICE

Name of child / children (include surname if different from yours)

.....
.....

Your Name:..... Relationship to child:.....

Daytime Contact Number:.....

Details to be changed or added:

Home Phone Number:

Home Address:

Mothers Mobile: Fathers Mobile:

Mothers Work: Fathers Work:

Emergency Contacts (these are the people who will be contacted if we are unable to reach you).

Name:Relationship..... Number:

Name:Relationship..... Number:

If your circumstances have changed - such as separation, divorce, or new partners who need to be added, please complete details over page.

Primary Family Details – These are the names of the people who children reside with mostly.

ADULT A	ADULT B
Name:	Name:
Relationship to child:	Relationship to child:
Home Number:	Home Number:
Mobile Number:	Mobile Number
Work Number:	Work Number:
Home Address:	
.....	
Mailing Address:	
.....	

Additional Family Details – These are the names of the people who have shared custody of the child/ren in cases of separation & divorce.

ADULT A	ADULT B
Name:	Name:
Relationship to child:	Relationship to child:
Home Number:	Home Number:
Mobile Number:	Mobile Number
Work Number:	Work Number:
Home Address:	
.....	
Mailing Address:	
.....	