

CONFIRMATION OF PERSONAL INFORMATION

The accurate transfer of student information is critical to the successful transition to a new school. To ensure all data transferred across to Leongatha Secondary College for your enrolment is accurate, please complete this form to confirm your student's personal details:

STUDENT NAME: _____ **DOB:** _____

STUDENT BIOLOGICAL PARENT NAMES:

ADULT A	
ADDRESS	
MOBILE	
EMAIL	
OCCUPATION	

ADULT B	
ADDRESS (if different)	
EMAIL	
MOBILE	
OCCUPATION	

STUDENT LIVING WITH: BOTH OR: ADULT A ADULT B

LIVING WITH: ALWAYS BALANCED

ANY SIBLINGS ALREADY ATTENDING LEONGATHA SECONDARY COLLEGE?

If yes, please list name/s: _____

ANY ALTERNATE FAMILY?

YES

NO

ADULT A	
ADDRESS	
MOBILE	
EMAIL	
OCCUPATION	

ADULT B	
ADDRESS (if different)	
EMAIL	
MOBILE	
OCCUPATION	

STUDENT LIVES WITH ALTERNATE FAMILY:

OCCASIONALLY

BALANCED

MEDICAL INFORMATION

ADDITIONAL MEDICAL INFORMATION: _____

DOCTOR CONTACT DETAILS: _____

ACCESS RESTRICTIONS

ANY ACCESS RESTRICTIONS -

YES

NO

IF YES PLEASE STATE TYPE AND PROVIDE UP TO DATE COPIES : _____