



**Hobsonville  
School**

# Family Information

– PLEASE ENSURE WE HAVE YOUR CURRENT DETAILS –

IT IS IMPORTANT THAT OUR ON-FILE SCHOOL RECORDS, REGARDING YOUR CHILD/REN, ARE CURRENT. If any of your family information or details change, please complete this form and either email or return it in person to the school office.

## FAMILY DETAILS

Family Surname: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date: / /

Child/ren's Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ YES! Please email me all school newsletters. (PLEASE TICK)

## PARENT / CAREGIVER DETAILS

MOTHER:  or CAREGIVER 1:  (TICK AS APPLICABLE) Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Workplace: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

FATHER:  or CAREGIVER 2:  (TICK AS APPLICABLE) Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Workplace: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Children live with: (TICK AS APPLICABLE) Both parents:  Mother:  Father:  Caregiver 1:  Caregiver 2:

## EMERGENCY CONTACTS (People we can contact if unable to locate a parent or caregiver)

1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## CHILD/REN'S MEDICAL INFORMATION

Doctor's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Doctor's Address or Medical Centre Name: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

NB: Please provide the school with any of your child/ren's medical concerns. If medication is required to be kept in the school office for your child (e.g. asthma inhaler etc) please download and fill out the 'STUDENT MEDICINE AUTHORITY & ACTION PLAN' on our website under forms & documents, and email it to: [office@hobsonville.school.nz](mailto:office@hobsonville.school.nz) or return it to the office in person.

## ADDITIONAL INFORMATION (Special family circumstances e.g. custody arrangements)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_