

ADDITIONAL CONTACT PERSON FORM

Additional Contact Person's Details

Additional Contact Person details in the context of this form refers to any person nominated by the Parent/Legal Guardian(s) on the basis of having **financial responsibility**, providing some degree of **care** or acting as an **emergency contact** for the student.

Student Details

Legal First Name:

Legal Surname:

Date of Birth:

CES Student ID (if known):

Additional Contact Person's Details

Title:

- Mr Mrs Miss
 Ms Dr Fr
 Sr Br Rev Prof

Gender:

- Male Female

Legal Surname:

Preferred Surname:

Legal First Name:

Preferred First Name:

Other Given Name(s):

Date of Birth:

Residential Address

- Same as Parent/Legal Guardian/Caregiver 1
 Same as Parent/Legal Guardian/Caregiver 2

Postal/Correspondence Address

- Same as Residential address

Billing Address (if required)

- Same as Residential address
 Same as Postal/Correspondence Address

Street Address:

Postal Address:

Postal Address:

Suburb/Town:

Suburb/Town:

Suburb/Town:

State:

Postcode:

State:

Postcode:

State:

Postcode:

Country (if not Australia):

Country (if not Australia):

Country (if not Australia):

Contact Method Type

Home Telephone Number:

Mobile Telephone Number:

Email Address:

Order

Indicate best contact order

Silent

Is this number silent? Y/N

Contact Method Type

Work Telephone Number:

Work Mobile Telephone Number:

Order

Indicate best contact order

Silent

Is this number silent? Y/N

Email may be used for billing purposes Yes No

What is the relationship of this person to the student? (Tick one (1) only)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Home Stay Sister | <input type="checkbox"/> Sister | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Father | <input type="checkbox"/> Home Stay Brother | <input type="checkbox"/> Brother | <input type="checkbox"/> Legal Guardian (for Dept. of Communities only) |
| <input type="checkbox"/> Step Mother | <input type="checkbox"/> Aunt | <input type="checkbox"/> Half Sister | <input type="checkbox"/> Care Provider |
| <input type="checkbox"/> Step Father | <input type="checkbox"/> Uncle | <input type="checkbox"/> Half Brother | <input type="checkbox"/> Counsellor/Social Worker |
| <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Niece | <input type="checkbox"/> Step Sister | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Foster Father | <input type="checkbox"/> Nephew | <input type="checkbox"/> Step Brother | <input type="checkbox"/> Reg. Exchange Org |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Cousin | <input type="checkbox"/> Foster Sister | <input type="checkbox"/> Foster Brother |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Friend | | |
| <input type="checkbox"/> Home Stay Parent | <input type="checkbox"/> Doctor | | |

Does this person perform any of the following roles in regards to the student?

Emergency Contact:

- Yes. Indicate the priority in which this person is to be contacted (e.g. 1st, 2nd, 3rd, 4th, etc.)
- No

Legal Guardian:

If this person is not a birth or adoptive parent, then legal documentation must be attached.



- Yes No

Caregiver:

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

- Yes No

Is this person to receive any of the following forms of Communication?

Report Cards/Progress Reports:

- Yes No

Newsletters:

- Yes No

Invitations:

- Yes No

School Portal Access:

- Yes No

Does this person reside with the student?

- Yes No

Does this person require the assistance of an interpreter?

- Yes No

SIGNATURE of Parent or Legal Guardian 1



PRINT NAME of Parent or Legal Guardian 1

RELATIONSHIP to Student

DATE SIGNED

SIGNATURE of Parent or Legal Guardian 2



PRINT NAME of Parent or Legal Guardian 2

RELATIONSHIP to Student

DATE SIGNED