

Parent Contact information

Student Name: _____ DOB: _____

Broome Postal Address: _____

Broome Residential Address: _____

Student resides with: (please circle)

Both parents at same address | Parent/Guardian 1 only | Parent/Guardian shared | Other: _____

Custody details if applicable (e.g.: week about) _____

Parent / Guardian 1 Name: _____

Occupation: _____ Workplace: _____

Mobile: _____ Home: _____ Work: _____

Email: _____

School fees and charges billing: Yes _____ % if shared with: _____

No Fees/charges should be addressed to: _____

Mail marker to receive official school correspondence such as report cards and absence notifications:

Parent / Guardian 2 Name: _____

Residential address if different to parent /guardian 1: _____

Postal address if different to parent /guardian 1: _____

Occupation: _____ Workplace: _____

Mobile: _____ Home: _____ Work: _____

Email: _____

School fees and charges billing: Yes _____ % if shared with: _____

Mail marker to receive official school correspondence such as report cards and absence notifications:

Submitted by: _____

Parent/Guardian Name

Signature

Date

Date received by office staff: