

Please complete the following form so we can update our records and return to school as soon as possible. Please complete one form per child.
 Please Note: Completing this form does not constitute enrolment at Hawera Christian School.

DETAILS FOR:

NAME Mr/Mrs/Ms	RELATIONSHIP Mother/Father/ Caregiver/Relation	HOME ADDRESS	MAIL ADDRESS If different from home	PHONE:
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Caregiver 1				Home: Cellphone: Work:
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Caregiver 2				Home: Cellphone: Work:
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Emergency Contact 1				Home: Cellphone:
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Emergency Contact 2				Home: Cellphone:
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HEALTH DETAILS:
 DOCTOR: _____ ADDRESS: _____ PHONE: _____
 DENTIST: _____ ADDRESS: _____ PHONE: _____
 ALLERGIES TO: _____ IMMUNISATIONS UP TO DATE: _____
 MEDICAL HISTORY WE SHOULD KNOW ABOUT: _____

PROJECTED SCHOOL ROLL: Please list below any younger sibling/s that will be attending Hawera Christian School include age and date of birth:

NAME:	AGE:	DATE OF BIRTH:
NAME:	AGE:	DATE OF BIRTH:
NAME:	AGE:	DATE OF BIRTH:
NAME:	AGE:	DATE OF BIRTH: