



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 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:

BCE Student ID (if known):

School Name:

School Suburb

Additional Contact Person's Details

Title:

- Mr Mrs Miss
 Ms Dr Fr
 Sr Br Rev Prof

Legal Surname:

Preferred Surname:

Gender:

- Male Female

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

Order

Silent

Home Telephone Number:

Indicate best contact order

Is this number silent?

Mobile Telephone Number:

Email Address:

Contact Method Type

Order

Silent

Work Telephone Number:

Indicate best contact order

Is this number silent?

Work Mobile Telephone Number:

Work Email Address:

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 <i>(for Dept. of Communities only)</i> |
| <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

I/We have signed the BCE Collection Notice Form

SIGNATURE of Parent or Legal Guardian

PRINT NAME of Parent or Legal Guardian

RELATIONSHIP to Student

DATE SIGNED

SIGNATURE of Parent or Legal Guardian

PRINT NAME of Parent or Legal Guardian

RELATIONSHIP to Student

DATE SIGNED