



# NIAGARA PARK PUBLIC SCHOOL

## WAYAMADI & INFORMATION UPDATE

February, 2023

YOUNGEST CHILD'S NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

Dear Parents/Carers,

Please return this form by the **end of next week** so we can update our records.

Can you please advise your preference to receive our **Wayamadi newsletter** this year?

Email      **OR**       Hard copy      (please ✓)

Preferred email address for Wayamadi: \_\_\_\_\_

Please **ONLY** complete the remainder of this form if there has been a change of phone numbers, emergency contacts or a change of address **recently**.

**This form is ONLY to be completed with any changes that have been made in the last 12 MONTHS to your family. Please ONLY complete sections that have been affected.**

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

Home Phone No: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Mother's Mobile No: \_\_\_\_\_

Mother's Work No: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Mobile No: \_\_\_\_\_

Father's Work No: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Emergency Contact (1) Name: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

Emergency Contact (1) Home No: \_\_\_\_\_

Emergency Contact (1) Mobile No: \_\_\_\_\_

Emergency Contact (2) Name: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

Emergency Contact (2) Home No: \_\_\_\_\_

Emergency Contact (2) Mobile No: \_\_\_\_\_

Please indicate if your child suffers from a **medical condition** that requires specific school attention.

\_\_\_\_\_  
Thank you for your assistance.