



NIAGARA PARK PUBLIC SCHOOL

WAYAMADI & INFORMATION UPDATE

February, 2024

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: _____

Thank you for your assistance.