



Richmond Primary School

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Principal: Megan Smith

Dear Parents and Carers

Please return this form to the office if you have changed any of the following in the past 12 months.

Child One: Name _____

	ADULT A	ADULT B
Name:		
Home Address:		
Home Phone No:		
Mobile Phone No:		
Email address:		
Medical Information:		
Dietry/Allergies:		

Child Two: Name _____

	ADULT A	ADULT B
Name:		
Home Address:		
Home Phone No:		
Mobile Phone No:		
Email address:		
Medical Information:		
Dietry/Allergies:		

Child Three: Name _____

	ADULT A	ADULT B
Name:		
Home Address:		
Home Phone No:		
Mobile Phone No:		
Email address:		
Medical Information:		
Dietry/Allergies:		

Please see Jane if you require additional forms.

Thank you.