



# ARAKURA SCHOOL

Wellington Road, Wainuiomata, Phone 564 6920, Fax 564 6823

E Mail: office@arakura.school.nz

Principal: Mark Kibblewhite

6<sup>th</sup> August 2013

Dear Parents and Caregivers

At this time of year we like to update our school records with relevant information about your child/ren for their teacher and for safety issues. Could you please fill out the form below and return this to school as soon as possible. This will be treated as confidential.

Regards

Mark Kibblewhite  
PRINCIPAL

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## ARAKURA SCHOOL UPDATE INFORMATION

Child's Name: \_\_\_\_\_ Room No. \_\_\_\_\_  
Home address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Living with (circle): mother father caregiver

Emergency Contacts:

Civil Defence Contact:

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## MEDICAL INFORMATION

Doctors name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Does your child suffer from any of the following?

Comments: eg. Medication required

Asthma	YES	NO	_____
Hay fever	YES	NO	_____
Eczema	YES	NO	_____
Diabetes	YES	NO	_____
Sight	YES	NO	_____
Hearing	YES	NO	_____
Allergies	YES (what to?)	NO	_____
Epileptic	YES	NO	_____
Pamol permitted	YES	NO	_____