



## MULTIPLE HOUSEHOLD FORM

This form is to be completed by parents/guardians residing at separate addresses who have shared care of a child or children (in any form) attending Mumbulla School.

### STUDENT/S DETAILS

CHILD 1: ..... CLASS: .....  
(Family Name) (Given Name)

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### PARENT/GUARDIAN DETAILS

PARENT/GUARDIAN: .....  
(Family Name) (Given Name)

CURRENT ADDRESS: .....

STATE: ..... POSTCODE: .....

EMAIL: .....

### PARENT/GUARDIAN AGREEMENTS

I HAVE PROVIDED A SHARED-CARE AGREEMENT:  YES  NO

I HAVE PROVIDED A COURT ORDER:  YES  NO

I WILL, OR I AM IN THE PROCESS OF, OBTAINING A SIGNED AGREEMENT  YES  NO

Further information that may be helpful to us so we can offer your child/ren the best care possible during their school day:

.....  
.....

**PLEASE NOTE:** If there is no Agreement or Court Order provided, the school will treat both parents as equal primary carers of the child/ren on each school day.

Please complete the other side of this form

## EMERGENCY CONTACT

If my child is sick, or if in the case of an emergency, and I am unable to be reached please call:

### Contact 1

Name: .....

Relationship to child/ren: .....

Home phone: ..... Mobile: .....

### Contact 2

Name: .....

Relationship to child/ren: .....

Home phone: ..... Mobile: .....

## FEE INFORMATION

I will continue to pay my fees as per current arrangement:  YES  NO

I need to update my Payment Plan Schedule details:  YES  NO

I understand that if I need to make changes to my current fee arrangement  
I will need to make an appointment with the Business Manager:  YES  NO

## GENERAL INFORMATION

I would like all correspondence to go through the other parent  YES  NO

I would like all information relating to my child/ren to be sent to both parents  YES  NO

I would like to receive the weekly Bulletin:  YES  NO

Please send it by: Email   
Home in my child's bag   
By post

### I understand that:

I need to inform the Front Office of any changes to my contact details  YES  NO

I need to inform the Front Office of any changes to my child's medical information  YES  NO

I need to contact the Front Office to organise parent/teacher interviews  YES  NO

I need to read the weekly Bulletin in order to know what is happening in my child's class  YES  NO

Signature of parent/guardian completing this form \_\_\_\_\_