



## GPN Student Information

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Year level: \_\_\_\_\_

School: \_\_\_\_\_

Home phone No.: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email (please print clearly): \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

Any medical conditions we need to be aware of: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home phone No.: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email (please print clearly): \_\_\_\_\_

Emergency contact: \_\_\_\_\_

**Students to Complete**

**I agree to participate in the GPN Workshop**

Student printed name: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I agree to my daughter participating in the GPN workshop.**

Parent/Guardian printed name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_