

Information Access Permission Form

In accordance with the Enrolment Application and Support Procedures (Brisbane Catholic Education 2002) and the Brisbane Catholic Education Privacy Statement, permission must be given by the parent/s or guardian/s of a student to allow the Principal or school representative to contact, collect and record any relevant information (either orally or via documentary material or reports) about the child.

I/We _____ (Parent/Guardian) hereby authorise and direct

_____ (Principal or School Representative) to collect information (either orally or via documentary material) from the following, who *may* hold relevant information in relation to my child

_____ (name) _____ (date of birth)

Contact Details

Education Organisations Brisbane Catholic Education _____

Education Queensland _____

Current Educational setting _____

Medical Medical Practitioner _____

Paediatrician _____

Psychologist _____

Psychiatrist _____

Therapy Services Speech Pathologist _____

Occupational Therapist _____

Physiotherapist _____

Early Intervention Centres

Other Agencies

I understand and acknowledge that the information will be shared and stored by Brisbane Catholic Education organisation strictly for the purpose of enrolment application and ongoing education provision.

Signature: _____

Date: _____

