

Information Access Permission Form (EASP)

In accordance with the Enrolment Application and Support Process for Students Requiring Significant Educational Adjustments and the Brisbane Catholic Education Privacy Statement, permission is given by the parent/legal guardian/s of a student to allow the Principal or school representative to contact, collect and record any relevant information (either verbally or via documentary material or reports) about the student.

I, _____ (*Parent/Legal Guardian*) hereby authorised and direct
(*Principal/School Representative*) to collect information (either verbally or via documentary material or reports) from the following organisations/personnel who may hold relevant information in relation to the child.

Student Name:

Date of Birth:

	Organisation	Personnel	Contact Details
Current School or Setting			
Current School or Setting			

Medical	Organisation	Personnel	Contact Details
General Practitioner			
Paediatrician			
Psychiatrist			

Additional Services	Organisation	Personnel	Contact Details
Speech Pathology			
Occupational Therapy			
Physiotherapy			
Psychologist			
Guidance Counsellor			
Advisory Visiting Teacher			
Other			

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

Signature: _____

Date: _____