

Consent for Release of Information

Consent for Release of Information from Kindergarten or Previous School

Student's Name: _____ Student's Date of Birth: ___ / ___ / ___

My child is currently enrolled at Essendon North Primary School.

I, _____ (parent's/carer's name), give permission for discussions relating to my child's education to take place between my child's past and current schools/kindergartens.

I also consent to the release of:

- Student Services files – assessments and reports by the School Guidance Officer, Psychologist, Speech Pathologist or School Nurse
- Files, learning plans and school reports from the classroom teacher

This information will assist Essendon North Primary School in providing additional support for my child's education.

Please forward documentation to the Principal at the above address or contact the Principal or Assistant Principal on 03 9379 3979.

Parent/Carer Signature: _____ Date: ___ / ___ / ___

Parent/Carer Name: _____

Alternative Parent/Carer Signature: _____ Date: ___ / ___ / ___

Alternative Parent/Carer Name: _____