

St Leo the Great Consent for Transferring



STUDENT DETAILS:

First Name		Surname		Date Of Birth	
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PRESCHOOL/SCHOOL TRANSFER DETAILS:

Pre School/Previous School	
	Suburb
New School	
E1274 St Leo The Great	Suburb: Altona North

The teacher/principal has discussed with me/us how and why certain information about my child is provided to the new school. I understand that in addition to formal reports etc. details regarding the educational program will be supplied.

I/We provide informed and express consent for all relevant health and/or educational information held by preschool/school, **detailed below**, to be provided to **St Leo the Great**. I understand that this information will be collected and used by St Leo the Great to inform health and safety management strategies and educational programming for my child.

TYPE OF INFORMATION:

(e.g. personalised learning plans/student program, medical reports, specialist notes, information regarding adjustments, medical management plans, attendant care plans, behaviour support plans, safety plans)

Date	Author (e.g. psychologist's, medical practitioner's name)	Title (e.g. speech pathologist, psychologist, paediatrician)	Description (e.g. cognitive assessment, language assessment)

CONSENT:

Parent/Carer/Guardian Name:	Parent/Carer/Guardian Signature: Date:
Parent/Carer/ Guardian Name:	Parent/Carer/Guardian Signature: Date:

Please refer to each school's information about their use and disclosure of information, and information regarding their privacy policy. Further clarification is available on request from the principals.