

RELEASE OF INFORMATION PARENT CONSENT FORM



Holy Spirit School
BRAY PARK

In accordance with the Enrolment Application and Support Procedures (Brisbane Catholic Education 2006) and the Brisbane Catholic Education Privacy Statement, permission must be given by the parent/s or guardian/s of a student to all 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 authorize and direct Mr Jeff Hall (Principal) or delegates to collect information (either orally or via documentary material) from the following, who *may* hold relevant information in relation to my child.

	Organization	Personnel	Contact Details
Previous / Current Settings i.e. School, Day Care etc			

MEDICAL	Organization	Personnel	Contact Details
General Practitioner			
Pediatrician			
Psychiatrist			

ADDITIONAL SERVICES	Organization	Personnel	Contact Details
Speech Pathology			
Occupational Therapy			
Physiotherapy			
Psychologist			
Guidance Officer / Counselor			
Advisory Visiting Teacher			
Community Health, Child Youth and Mental Health Service			
Other			

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

Signature: _____ Date : _____