

# St Augustine's Keilor Consent to Transfer Information



## STUDENT DETAILS

First name:

Surname:

Date of birth:

## SCHOOL TRANSFER DETAILS

### CURRENT SCHOOL/COLLEGE:

E No.:

School:

Suburb:

### NEW SCHOOL/COLLEGE:

E No.:

School:

Suburb:

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, 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 the current school, detailed below, to be provided to the new school. I understand that this information will be collected and used by St Augustine's Keilor to inform health and safety management strategies and educational programming for my child.

### Type of information to be provided

Please provide all information relevant to the student. This may include personalised learning plans and student program, medical reports, specialist notes, information regarding adjustments, Medical Management Plans, attendant care plans, Behaviour Support Plans or safety plans.

## STUDENT INFORMATION

Date	Author (name of psychologist, medical practitioner)	Title (speech pathologist, paediatrician)	Description (cognitive assessment, language assessment)

## CONSENT

Parent 1/guardian 1/carer 1  
signature:

Date:

Parent 2/guardian 2/carer 2  
signature:

Date:

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