



## Information Access Permission Form

I/We ..... (Legal Guardian) hereby authorise and direct Mr. Chris Thomas (Principal or School Representative) to collect information (either verbally or via documentary material or reports) from the following who may hold relevant information in relation to the child:

Student Name: ..... Date of Birth: .....

	Organisation	Personnel	Contact Details
Current Setting			
Previous School			

Medical:			
General Practitioner			
Paediatrician			
Psychiatrist			

Additional Services:			
Speech Pathology			
Occupational Therapy			
Physiotherapy			
Psychologist			
Guidance Officer			
Guidance Counsellor			
Advisory Visiting Teacher			
Other			

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_