



## Form B:

### FORM B – Consent to Transfer Information

#### Student Details:

First Name:

Surname:

Date of Birth:

Current School				
E No		School Name		Suburb

New School				
E No		School Name		Suburb

The teacher/principal has discussed with me/us how and why certain information about my/our child is provided to the new school. I/We 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 (detailed below) held by \_\_\_\_\_ to be provided to \_\_\_\_\_. I understand that this information will be collected and used by \_\_\_\_\_ to inform health and safety management strategies and educational programming for my/our child.

#### Type of information:

(e.g. personalised learning plans/student programs, 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 Name	Parent 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.