

## FORM B – Consent to Transfer Information

### Student details:

First Name:

Surname:

Date of Birth:

### School transfer details:

Current School				
E Number:	E	Kinder / School Name:		Suburb:
New School/CECV				
E Number:	E	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:**

<b>Parent/Carer/Guardian Name:</b>	<b>Parent/Carer/Guardian Signature:</b>	<b>Date:</b>
<b>Parent/Carer/Guardian Name:</b>	<b>Parent/Carer/Guardian Signature:</b>	<b>Date:</b>

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.