



# Consent to Transfer Information

First Name		Surname		DOB	
------------	--	---------	--	-----	--

## SCHOOL TRANSFER DETAILS

E No.	E	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 etc. 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 school A, detailed below, to be provided to school B.

I understand that this information will be collected and used by

to inform health and safety management strategies and educational programming for my child.

## TYPE OF INFORMATION

(e.g. personalised learning plans/student program, 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/ Carer/ Guardian Name		Parent/ Carer/ Guardian Signature		Date	
Parent/ Carer/ Guardian Name		Parent/ Carer/ Guardian 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.