



PERMISSION FOR RELEASE OF INFORMATION

STUDENT NAME: _____ DOB: _____

I/we give permission for St Brendan's Catholic School to contact my child's **previous preschool/school(s)** to discuss areas of academic performance, social and emotional development, areas of strength and weakness, language development, fine and gross motor development and other educationally relevant issues.

I/we also, hereby, allow the release of any documentation held by a previous school for the purpose of the education of my child.

Child's previous preschool/school(s): _____

Contact Person: _____ Contact Number: _____

I/we give permission for St Brendan's Catholic School to contact any **supporting services or specialists** who are currently supporting my child. Information gathered from the specialists and supporting services will inform future planning of individual goals and/or adjustments for the student.

Service/Specialist: _____

Contact Person: _____ Contact Number: _____

Service/Specialist: _____

Contact Person: _____ Contact Number: _____

Parent/Carers Name: _____

Signature: _____ Date: _____