



INFORMATION ACCESS PERMISSION

In accordance with Enrolment processes for Students at Mary MacKillop College and Brisbane Catholic Education Privacy Statement, permission is given by the parent/s or guardian/s of a student to allow the Principal or a representative to contact, visit, collect and record any relevant information (either orally or via documentary material or reports) about the student from the following sources.

I/WE (Parent/Guardian) hereby authorise and direct staff members of **Mary MacKillop College, Nundah** to collect information (orally, via documentary material or visit) from the following educational setting; and / or agencies, who may hold relevant information in relation to my child(Student's Name)..... (Date of Birth).

	Name of School	Contact Person	Contact Details
Current School			
Previous School			
Previous School			

Additional Services:	Organisation	Contact Person	Contact Details
Medical Provider			
Doctor / Paediatrician			
Psychology Services			
Allied Health Agencies			
- Optometrist			
- Audiologist			
- Speech Pathology			
- Occupational Therapy			
Other Relevant Services			

I understand and acknowledge that the information will be shared and stored by Mary MacKillop College and Brisbane Catholic Education strictly for the purpose of ongoing educational support and provision.

Signature:

Date: