



HOLY EUCHARIST SCHOOL

Consent to Transfer Information Form



STUDENT DETAILS

Surname:		Given names:	
Date of birth:			

SCHOOL TRANSFER DETAILS

Current school/college:			
E No.:	School:	Suburb:	
New school/college:			
E No.:	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, 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 the current school, detailed below, to be provided to the new school. I understand that this information will be collected and used by Holy Eucharist School to inform health and safety management strategies and educational programming for my child.

Type of information to be provided

Please provide all information relevant to the student. This may include personalised learning plans and student program, medical reports, specialist notes, information regarding adjustments, Medical Management Plans, attendant care plans, Behaviour Support Plans or safety plans.

STUDENT INFORMATION

Date	Author (name of psychologist, medical practitioner)	Title (speech pathologist, paediatrician)	Description (cognitive assessment, language assessment)

PARENT/GUADIAN/CARER CONSENT

Parent 1/Guardian 1/Carer
1 signature:

Date:

Parent 2/Guardian 2/Carer
2 signature:

Date:

Please refer to Holy Eucharist Schools website - <https://www.hestalbanssth.catholic.edu.au/> for further information about our privacy policy and the use and disclosure of information. Further clarification is available on request from the principal.