



INFORMATION RELEASE - PARENT CONSENT FORM

In accordance with the Enrolment Application and Support Procedures, permission must be given by parent/s or guardian/s before we can contact, collect and record any relevant information about your child.

I/we _____ (Parent/Guardian) hereby authorise the Principal or a Hillbrook representative to collect information, either verbally or written, from the following people who may hold relevant information in relation to my child. This may include school reports and general classroom feedback, IEP or EAP Documents.

Student Name:

School:

Date of Birth:

Additionally, if you feel reports from any of the specialists listed below would be helpful in facilitating the best learning environment and outcome for your child, please provide contact details below:

	Organisation	Contact Name	Contact Details
Medical			
GP			
Pediatrician			
Psychiatrist			
Counsellor/Psychologist			
Additional			
Speech Pathology			
Occupational Therapy			
Physiotherapy			
Audiologist			
Guidance Officer			
Visiting Teacher			
Other:			

I acknowledge and understand that the information collected for interview purposes will be shared and stored by Hillbrook School strictly for the purpose of ongoing educational provision and adhering to the school's privacy policy.

Parent Name/s:

Date: