



PARENT PERMISSION FORM

	STUDENT NAME:	GRADE:	DOB:	DATE:
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	SCHOOL NAME & SUBURB:
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SCHOOL TO COMPLETE	Pending LNSLN <input type="checkbox"/> Specialist report/s attached forwarded to CSO	Nationally Consistent Collection of Data <input type="checkbox"/> Specialist report/s held at school
	Individual assessment: I acknowledge the following assessment/s have been requested by the school: <input type="checkbox"/> Education/IQ/ABAS Assessment by an Educational/Clinical Psychologist <input type="checkbox"/> Mental Health Assessment/ABAS by a Clinical Psychologist <input type="checkbox"/> Motor/Movement Assessment/ABAS by an Occupational Therapist <input type="checkbox"/> Speech and Language Assessment by a Speech Pathologist	

Principal's signature (mandatory)

PARENTS/GUARDIAN TO COMPLETE	RELEASE OF INFORMATION:		
	I/we agree to provide personal and/or sensitive information concerning my/our child to Special Needs personnel from the Catholic Schools Office, Diocese of Broken Bay. I/we give permission for these Special Needs personnel, if required, to release this information to my/our child's school, medical practitioners and people providing services to the school, including specialist visiting teachers.		
	Personal or sensitive information will be used and disclosed only for the purpose for which it was provided or a directly related secondary purpose, unless otherwise agreed by the person who provided the information, or where the use or disclosure of the personal or sensitive information is allowed by law.		
	I/we give permission for this information to be released as per the <i>Commonwealth Disability Discrimination Act 1992 (DDA)</i> and the <i>Nationally Consistent Collection of Data Guidelines 2013</i> .		
	_____	_____	_____
	Parent/Guardian Name	Parent/Guardian Signature	Date
	If you wish to limit the above release of information in any way, please give details:		
	_____	_____	_____
	Parent/Guardian Name	Parent/Guardian Signature	Date

Privacy Notice for Commonwealth Funding and Related Purposes

Your permission for the Catholic Schools Office, Diocese of Broken Bay to access information on behalf of your child, is being obtained for the purpose of determining eligibility for Commonwealth funding, and related purposes, as a student with a disability. Provision of this information is voluntary. It will be stored securely. If all or any of this information is not provided, then funding and related support as a student with a disability may be declined or delayed. For further information regarding the Catholic Schools Office Privacy Policy and Standard Collection Notice, please contact the Catholic Schools Office on 9847 0000. For any further advice or to check the accuracy of information provided/collected, please contact your School Principal, or Team Leader – Special Needs at the Catholic Schools Office, Diocese of Broken Bay on 9847 0384.