Melbourne Archdiocese
Catholic Schools

Queen of Peace Primary School
Consent to Transfer Information Form

STUDENT DETAILS			
Surname:		Given names:	
Date of birth:			

SCHOOL TRANSFER DETAILS		
Current school/kindergarten:		
E No.:	School/Kindergarten:	Suburb:
New School:		
E1324	**Queen of Peace Primary School**	**Altona Meadows, Victoria**

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 Queen of Peace Primary 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 programs, 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 or medical practitioner)	Title e.g. speech pathologist, paediatrician	Description e.g. cognitive assessment, language assessment

PARENT/GUARDIAN/CARER CONSENT

Parent 1/Guardian 1/Carer 1 signature:		Date:
Parent 2/Guardian 2/Carer 2 signature:		Date:

Please refer to Queen of Peace Primary School website for further information about our privacy policy and the use and disclosure of information. Further clarification is available on request from the Principal.