## Macintosh HD:private:var:folders:14:38_s59n91_z51csdm7ffx2rc0000gp:T:TemporaryItems:Screen Shot 2018-11-07 at 7.42.49 pm.png

**STUDENT DETAILS:**

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| --- | --- | --- | --- | --- | --- |
| **First Name** |       | **Surname** |       | **DOB** |       |

**SCHOOL TRANSFER DETAILS:**

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| **Current School**  |
| **E No.** | E      | **School** |       | **Suburb** |       |
| **New School / Catholic Education Commission of Victoria Ltd (CECV)** |
| **E No.** | E1088 | **School** | Holy Rosary School | **Suburb** | Kensington |

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 etc. 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 school A, **detailed below**, to be provided to Holy Rosary School, Kensington. I understand that this information will be collected and used by Holy Rosary School, Kensington to inform health and safety management strategies and educational programming for my child.

**TYPE OF INFORMATION:**

**(e.g. personalised learning plans/student program, medical reports, specialist notes, information regarding adjustments, medical management plans, attendant care plans, behaviour support plans, safety plans)**

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| --- | --- | --- | --- |
| **Date** | **Author (e.g. psychologist’s, medical practitioner’s name)** | **Title (e.g. speech pathologist, psychologist, paediatrician)**  | **Description (e.g. cognitive assessment, language assessment)** |
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**CONSENT:**

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| **Parent/Carer/Guardian Name:**      | **Parent/Carer/Guardian Signature:** **Date:**  |
| **Parent/Carer/ Guardian Name:**      | **Parent/Carer/Guardian Signature:** **Date:**  |

Please refer to each school’s information about their use and disclosure of information, and information regarding their privacy policy. Further clarification is available on request from the principals.