

Authorisation to Release Confidential Information

I _____, parent/guardian of
(Name of parent/caregiver)

_____, date of birth ____ / ____ / ____ ,
(name of child)

authorise my child's previous school/s, support service/s and/or other relevant agencies and organisations to release information about my child's learning to MacKillop Catholic College, including:

- NAPLAN results
- School reports
- Speech, hearing and vision reports
- Reading assessments
- Paediatrician reports
- Behaviour management plans
- PAT test results or other school based assessments
- Specialist assessments and reports e.g. occupational therapy, psychologist, ETC
- Any other information you think will help his/her schooling needs

I understand that MacKillop Catholic College will retain this information. MacKillop Catholic College may, in certain specific circumstances with your permission, share this information in confidence with third party private specialists or government organisations, such as HeadSpace or CAHMS.

Signature of parent/caregiver: _____ Date: ____ / ____ / ____

Contact number: _____

Email: _____

MacKillop Inclusion Support Coordinator: _____

Contact person at previous school: _____

MacKillop Catholic College Details:

MacKillop Catholic College
285 Farrar Blvd
Johnston NT 0832

mackillopcollege@nt.catholic.edu.au

08 8930 5757