



INFORMATION ACCESS PERMISSION FORM

In accordance with the Enrolment Application and Support Process for Students Requiring Educational Adjustments and the Brisbane Catholic Education Privacy Statement, permission is given by the parent/s or guardian/s of a student to allow the Principal or school representative to contact, collect and record any relevant information (either orally or via documentary material or reports) about the student.

I/We (Parent/Guardian) hereby authorise and direct the Principal or School Representative of Emmaus College Jimboomba, to collect information (either verbally or via documentary material or reports) from the following organisations/personnel, who may hold relevant information in relation to the child.

Student Name **Date of Birth:**

| | Organisation | Personnel | Contact Details |
|------------------------------|--------------|-----------|-----------------|
| Current School/Kindergarten | | | |
| Previous School/Kindergarten | | | |
| Medical: | | | |
| General Practitioner | | | |
| Paediatrician | | | |
| Psychiatrist | | | |
| Additional Services: | | | |
| Speech Pathology | | | |
| Occupational Therapy | | | |
| Physiotherapy | | | |
| Psychologist | | | |
| Guidance Counsellor | | | |
| Advisory Visiting Teacher | | | |
| Other | | | |

I understand and acknowledge that the information will be shared and stored by Brisbane Catholic Education strictly for the purpose of enrolment application.

Signature:

Date:

EMMAUS COLLEGE JIMBOOMBA

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