



# Sir David Brand School

*Independent Public School*

ABN: 12 582 538 74

## Parent/Carer Consent for Exchange of Student Information With Other Agencies or Professionals

**Student Name:** \_\_\_\_\_

**Student Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

While my child is a student of Sir David Brand School, I give consent to exchange information regarding my child with the following agencies or professionals:

- ☐ Disability Services Commission
- ☐ Department of Child Protection
- ☐ Ability Centre
- ☐ Local Area Co-ordinators (not associated with Disability Services Commission)
- ☐ Department of Health
- ☐ Other (Please specify)

\_\_\_\_\_

If, for any reason, you wish to alter or withdraw consent for Information Exchange, please advise the school in writing.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Caregiver Name:** \_\_\_\_\_

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