



Information Access Permission Form

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

I **(Legal Guardian)** hereby authorise and direct the **Principal or School Representative of Our Lady's College** to collect information (either verbally or via documentary material or reports) from the following who may hold relevant information in relation to the child:

Student Name: **Date of Birth:**

	Organisation	Personnel	Contact Details
Current School			

Medical:			
General Practitioner			
Paediatrician			
Psychiatrist			

Additional Services:			
Speech Pathology			
Occupational Therapy			
Physiotherapy			
Psychologist			
Guidance Officer			
Guidance Counsellor			
Advisory Visiting Teacher			
Other			

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

Signature: _____ Date: _____