



HOLY NAME PRIMARY SCHOOL

FORM B – STUDENT DETAILS:

First Name		Surname		DOB	
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SCHOOL TRANSFER DETAILS:

Current School					
E No.	E	School		Suburb	
New School / Catholic Education Commission of Victoria Ltd (CECV)					
E No.	E	School		Suburb	

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 (**Original School**), **detailed below**, to be provided to Holy Name. I understand that this information will be collected and used by Holy Name 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)

Date	Author (e.g. psychologist's, medical practitioner's name)	Title (e.g. speech pathologist, psychologist, paediatrician)	Description (e.g. cognitive assessment, language assessment)

CONSENT:

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.