



INFORMATION ACCESS PERMISSION

In accordance with the Enrolment Application Procedures 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 child.

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

	Organisation	Personnel	Contact Details
Current School/Kindergarten			
Current School/Kindergarten			
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:

Excellence in learning within a contemporary Christian community

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