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.

l/We													(P	arer	t/Gua	rdian)
here	hereby authorise and direct the Principal or School Representative of Emmaus College Jimboomba, to collect information (either orally								orally							
or	via	documentary	material)	from	the	following,	who	may	hold	relevant	information	in	relation	to	my	child
								(nam	e)						(date	e 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 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.

.....Date:

Signature:

EMMAUS COLLEGE JIMBOOMBA Address: 48 East Street Jimboomba Qld 4280 | Postal: PO Box 539 Jimboomba Qld 4280 Email: psjimboomba@bne.catholic.edu.au | Phone: 07 5547 9990 Fax: 07 5546 9903

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