

# EXCHANGE of Student Information Permission Form

## Between Annandale S S & Out Of School Hours Care Providers

**Relevant group** (please indicate at least 2 groups which are able to share information)

- Annandale S.S.     
 PCYC Annandale OSHC     
 Day Care:.....  
*(Insert name of business)*

### Student Information

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_  
 \_\_\_\_\_ : \_\_\_\_\_

### Parent Details

Is this request on behalf of both parents?      YES / NO

**If not**, please advise who is completing this form.

Mother \_\_\_\_\_      Father \_\_\_\_\_

Contact details:

Phone: \_\_\_\_\_      Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_      Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_      Email: \_\_\_\_\_

### PERMISSION

**Out of School Hours Care providers are not part of Annandale S.S. They are separate entities. As a result, information provided to either service cannot be shared without your consent.**

**I/we give permission for the following information to be shared between Annandale S.S. to Annandale OSHC:**

- |   |   |
|---|---|
| <input type="checkbox"/> Student name and class details                           | <input type="checkbox"/> Student attendance details |
| <input type="checkbox"/> Information regarding Individual Student Behaviour plans | <input type="checkbox"/> Student payment details    |
| <input type="checkbox"/> Attendance details at OSHC / Day Care Provider           | <input type="checkbox"/> Medication information     |

Parent name – printed	Parent signature	Date
Parent name – printed	Parent signature	Date

**Date Received:** \_\_\_\_\_ **Date information shared** \_\_\_\_\_