



PARENT/CARER/STUDENT PERMISSION FORM



The Catholic Schools Office/Centacare collects the information on this form for the purpose of communication with the parent/guardian/student and the student's case manager, and to allow permission for referrals, associated with the student's individual support plan or for ascertainment.

Student's Surname:	Date of Birth:
Student's first Name:	Chronological Age:
School:	Gender:
School Year level:	Name of Parent/s:
Home Address:	Best time to Contact:
Phone:	

The school should ensure that the parent/guardian and where possible, the students are supported to understand the process and to record agreement with actions where appropriate, as listed below.

	Initials (parent/guardian)	Initials (student)	Date
The school has discussed my child's needs and the support requirements to be put in place to assist in achieving positive learning outcomes.			
I give permission for the Learning Support Coordinator, CSO Education Officer or CSO Psychologist to undertake assessments to determine my child's support needs.			
I give permission for information and reports to be held by the CSO/Centacare (as appropriate) for the support of my child.			
I give permission for information / reports to be forwarded to my child's specialist / Dr. / therapist / Paediatrician etc.			
I give permission for the specialist / Dr. / therapist to report to the CSO on diagnostic information for the purpose of obtaining funding, and to support educational planning.			
If my child is eligible for Student with Disability Funding (SWD), I understand that I will be included in the planning and support for my child and I will attend at least one planning meeting each year.			
I understand that I will be notified at the end of each year if any changes are to made to the level of support my child receives.			
Referral for School Counselling I give permission for the School Counsellor to contact appropriate others within the school system as required to access my child's school records for the purposes for gathering relevant information. Reason for Referral <input type="checkbox"/> Behaviour - Home/School/Both <i>please indicate</i> <input type="checkbox"/> Parental Separation <input type="checkbox"/> Anxiety <input type="checkbox"/> Bullying <input type="checkbox"/> Peer Relationship <input type="checkbox"/> Other <input type="checkbox"/> Family Support <input type="checkbox"/> Self Esteem <input type="checkbox"/> Grief Loss <input type="checkbox"/> Other Do you have a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been diagnosed with a Mental Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Signed: (Two parent signatures required where possible)

Parent/Guardian	Date:
Parent/Guardian	Date:
Student	Date:
Education Officer	Date:
School Counsellor	Date:
CSO Psychologist	Date:
Teacher	Date:
Learning Support Coordinator/Teacher	Date:
Principal	Date: