



St. Simon the Apostle Primary School

2 Taylors Lane, Rowville, 3178
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www.ssrowville.catholic.edu.au

PERMISSION FOR RELEASE OF PRE-SCHOOL/PRIMARY SCHOOL INFORMATION

I (Parent/Guardian) _____ give permission for a representative of St. Simon the Apostle Primary School to contact my child's pre-school/primary school to obtain the information pertaining to the transition of my child _____ from pre-school/primary school to St Simon the Apostle Primary School.

I understand that this information will be treated confidentially and used to help with the transition from pre-school/primary school to St. Simon the Apostle Primary School and have a more accurate understanding of my child's social, emotional physical and educational needs.

I further authorize for the above named pre-school/primary school to supply the representative from St. Simon the Apostle Primary school with any reports that may have been completed about my child which they have and believe would be beneficial to the transition process.

I understand that I may revoke this consent at any time in writing and that should I do so, no further information will be released.

Signed: _____
Parent/Guardian Parent/Guardian

Dated: _____

Name of Pre-school/Primary School: _____

Name of Pre-school Group: _____

Name of Pre-school/Primary School Teacher: _____

Phone Number: _____