



Consent to Transfer of Information Form

This form is used to assist in the transfer of information between schools when a student is moving from a Melbourne Archdiocese Catholic Schools Ltd (MACS) school to another school. Please refer to the Privacy Policy and Collection Notice – Students and Parents for more information.

Student details

| | | | |
|---------------------------|--|--------------------------|--|
| Family name | | Given name | |
| Date of birth | | | |
| Current school or college | | | |
| Registered school number | | E number (if applicable) | |
| Principal | | | |

The principal/teacher has discussed with me/us how and why certain information about my child will be provided to the new school. I understand that in addition to formal reports, details regarding their educational program will be supplied.

I/we provide informed and express consent for all relevant health and/or educational information held by the current school to be provided to the new school. I understand that this information will be collected and used by the school or college to inform health and safety management strategies and educational program for my child.

School transfer details

| | | | |
|--------------------------|--|--------------------------|--|
| New school or college | | | |
| Address | | | |
| Registered school number | | E number (if applicable) | |

Parent /guardian / carer consent

Parent /guardian /Carer 1
Signature:

Date:

Parent /Guardian /Carer 2
Signature:

Date:

Please refer to the school's website for further information about our Privacy Policy and Privacy Collection Notice and the use and disclosure of Personal information. Further clarification is available from the principal on request.

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| Approving authority | Director, Governance and Legal |
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