



Lifetime Learners

Lifetime Learners Pty Ltd ACN 126 219 761



Release of Information Parent Consent Form

In accordance with the Lifetime Learners Pty Ltd Client Service Agreement, Educational Support Procedures and the Lifetime Learners Pty Ltd Privacy Statement, permission must be given by the parent/s or guardian/s of a student to allow Lifetime Learners Pty Ltd's representative to contact, collect and record any relevant information (either orally or via documentary material or reports) about the child.

I/We _____ (Parent/Guardian) hereby authorise and direct _____ (Lifetime Learners Centre Manager) to collect information (either orally or via documentary material) from the following, who *may* hold relevant information in relation to my child: _____ (name) _____ (date of birth)

	Organisation	Personnel	Contact Details
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 Lifetime Learners Pty Ltd organisation strictly for the purpose of enrolment application and ongoing education service provision.

Signature: _____ Date: _____