



MATER DEI
INCLUSION FOR ALL

PARENT/GUARDIAN CONSENT TO OBTAIN INFORMATION

To Mater Dei Limited
229 Macquarie Grove Road
CAMDEN NSW 2570
A.B.N. 44054 606 987

I (Full Name) _____

Of (Address) _____ Postcode _____

Parents Legal Guardian (select as appropriate)

of _____ (Hereinafter referred to as "my child")

Do hereby give permission for Mater Dei to request both written and verbal information concerning my child from my child's current educational setting/s.

Name of setting/s _____

This consent is valid for 12 months following the date below.

SIGNED _____ **DATE** _____
(Mother/Guardian)

_____ **DATE** _____
(Father/Guardian)

PLEASE NOTE

IF YOUR CHILD IS ENROLLED, IT IS ESSENTIAL THAT MATER DEI HAS ALL THE INFORMATION ABOUT HIS OR HER NEEDS IN ORDER TO MAKE REASONABLE ADJUSTMENTS TO MEET THOSE NEEDS. UNDER CHAPTER 16A OF THE CYPCP ACT MATER DEI MAY, WITHOUT CONSENT, REQUEST FROM A PRESCRIBED BODY OR THE DEPARTMENT OF FAMILY AND COMMUNITY SERVICES INFORMATION THAT THEY MAY HOLD THAT RELATES TO THE SAFETY, WELFARE AND WELL-BEING OF A CHILD OR YOUNG PERSON.

IT IS THE RESPONSIBILITY OF THE PARENTS/LEGAL GUARDIANS TO INFORM THE SCHOOL AND/OR SERVICES REGARDING ANY ALTERATION TO THE INFORMATION SUPPLIED ON THIS FORM.