



## PARENT/GUARDIAN REQUEST/CONSENT FOR ON-SITE SERVICE & PERMISSION FOR EXCHANGE OF INFORMATION

I/We [insert names] ..... of [insert address] ..... request the Minister for Education through the Preschool Director or Principal of Hendon Primary School to allow my/our child/children to receive supports/services provided by a non-Education service provider on the Preschool/School premises during preschool/school hours.

### CONSENT FOR SERVICE

IF my/our request is granted, I/we consent to:

[insert service provider's name] \_\_\_\_\_

providing [insert type of services] \_\_\_\_\_

to my/our child/children, [insert child's/children's names] \_\_\_\_\_

on Hendon Primary School premises in an area nominated by the Preschool/School during preschool/school hours.

### PERMISSION FOR EXCHANGE OF INFORMATION

I give permission for the agencies listed (above) to release and exchange information with the Department for Education and Child Development. I understand that the information will only be used to plan the most appropriate program to assist my child's education and that all information will be treated with respect for me and my child's privacy.

.....  
Parent/Guardian Name

.....  
Signature

.....  
Parent/Guardian Name

.....  
Signature

Dated.....