

Consent for External Support Service to deliver onsite services and Exchange of Information (Written or Verbal)

NB: For students under 16 years of age it is only the parent/caregiver who can complete this form.

I/we give consent for the External Support Service listed below to deliver on site services for my/our child and to share information with St Aloysius College, which may include the Learning Support Team/Counselling Team and/or Leadership Team.

I/we understand that this information will be kept confidential and understand any information exchanged will only be used for the stated purposes, including to support and enhance our child's educational outcomes.

Parent/Caregiver and Child's Details	
Parent/Caregiver name:	
Child's name:	
Details of External Support Service	
External Support Service Organisation:	
Service being provided to Child:	
Name of Support Person:	
Phone number:	
☐ I/We understand that information may be discussed, for a period of twelve months. I/we understand that for the purpose of assisting St Aloysius College, support will be provided to my/our daughter relating to:	
I confirm that I was a parent/caregiver signatory on the Accrete at St Aloysius College and am still an enrolling parent.	ceptance of Offer form to enrol the above child/
Parent/Caregiver Signature	Date

Compassion . Hospitality . Justice . Service . Respect . Courage

