



### Information Access Permission Form

I give permission for Brett Kitchener (Principal) or other School Representative to collect information about my child from their current educational setting, the details of which are below.

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Kindergarten/Child Care Centre \_\_\_\_\_

Address \_\_\_\_\_

Contact phone number \_\_\_\_\_

\_\_\_\_\_  
Parent's name

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date