



Community Liaison Officer (CLO) PERMISSION TO SUPPORT FORM

REQUEST FOR UPCOMING PRE-PREP INFORMATION/PROGRAMS

I **would/would not, (please circle)**, like further information in the future, about upcoming Pre-Prep Programs, Numeracy/Literacy Workshops, Parenting Programs etc.

PERMISSION TO ACCESS INFORMATION FROM PREVIOUS CARE PROVIDER

I **do/do not, (please circle)**, give permission for the CLO to contact my child's previous care provider, for the purpose of collecting & obtaining information, (including transition statements if available), relevant to my child's academic, physical and social/emotional needs. I am aware these will be used to assist the class teacher in supporting my child.

Students Name: _____

Parents Name: _____

Contact No: (H) _____

(M) _____

Parents Signature: _____ Date: _____