



Student Name _____

Year level _____



TO WHOM IT MAY CONCERN:

I/We _____ advise that an Application for Enrolment for our son/daughter _____ has been lodged with Riverside Christian College.

I/We hereby authorise you to supply to the Principal of Riverside Christian College (or his/her delegate) any information requested, or copies of reports that you hold concerning my/our son/daughter that will assist with the enrolment process.

Signed _____ Date _____

.....

Information Release:

As part of the enrolment process, Riverside Christian College may need to contact any previous school, pre-school or other educational institution previously attended by your child. In addition, the College may need to contact any outside agency or practitioner of whom your child has been a client. This is necessary so that all relevant information is available that may assist Riverside Christian College in the task of educating your child.

To facilitate the collection of information to support your child's education, please complete the attached request for permission to release information.

Permission and Request for Release of Information

Riverside Christian College
23 Royle Street, Maryborough West
PO Box 2069, Maryborough DC 4650

Phone: Day School: 07 4123 1031
Distance Education: 07 4123 5599
Fax: 07 4123 2545

Web site: www.riverside.qld.edu.au
Email: college@riverside.qld.edu.au