



Email: willmot-p.school@det.nsw.edu.au
Website: willmot-p.schools.nsw.gov.au

EXCHANGE OF INFORMATION PERMISSION

I give permission for relevant staff members from Willmot Public School to exchange information (medical / psychological / educational) about		
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(name of child)	(date of birth)	
with the following agencies and (Please list name / organisation and contact no		
communications. All information	lve the exchange of written reports as well as ver in will be treated in a confidential manner with du nation exchanged will be used for planning and at school.	
Parent/Carer Name	Phone No	
Signature	Date	



Education

Willmot Public School

Dharug Country 63 Discovery Avenue WILLMOT NSW 2770 Phone: 9628 0222

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