## **Transition statement consent form**

Parent/carer: Release your child's transition statement

Child's name:	Parent/carer's name:	
	your child's transition statement to be shared by the eacher and/or other relevant staff at their new school.	

## The transition statement:

- contains valuable information that will help to ensure your child is appropriately supported to have a positive start to school
- provides a summary of your child's learning and development at the end of the kindergarten year
- identifies your child's strengths and interests, and includes suggestions to help your child settle into school.

The kindergarten teacher will work with you and your child to complete the transition statement. This gives you the opportunity to record what you know about your child and how they can best be supported when they start school.

This transition statement belongs to you, and you will receive a copy when it is completed. You can review the transition statement and request that any incorrect personal information about you and your child be corrected.

You have the opportunity to give consent for the kindergarten teacher to send the completed statement to your child's school and outside school hours care service (if applicable). This information will be retained by the kindergarten, school and outside school hours care service in accordance with applicable Queensland and Commonwealth privacy laws.

For more information, visit www.det.qld.gov.au/transitiontoschool and www.qcaa.qld.edu.au/p-10/transition-school.

Note: Only one parent/carer's signature	I Iis required.			_ 1 1
Signature of parent/carer	Date Signate	Date Signature of parent/carer		Date
Do you consent to your child's Prelevant school staff contacting y teacher to discuss the information with them?	our child's kindergarten	☐ Yes	☐ No	
Do you consent to your child's tra shared with your child's outside s		☐ Yes	☐ No	□ N/A
Do you consent to your child's ki contacting your child's Prep teac school staff to discuss the inform statement with them?	ner and/or other relevant	☐ Yes	. No	
Do you consent to your child's tra shared with your child's school?	ansition statement being	☐ Yes	☐ No	



Your name	
Your relationship to the child	
Your phone number	
Your email	
Your preferred language	
Child's date of birth (dd/mm/yyyy)	1 1
Child's gender	☐ Female ☐ Male
Is your child of Aboriginal and/or Torres Strait Islander descent?	☐ Yes ☐ No
Name of the school where you would like to send the transition statement (if known)	
School's address <b>or</b> email address  Please advise your child's kindergarten teacher if you would not like your child's transition statement to be sent by email.	Street: Suburb/town: Postcode: Email address:
Kindergarten use only Date sent to nominated school	The property of the statement of the sta
	e contacted to discuss the information contained in the nd/or other relevant school staff. (Parent/carer consent is
Kindergarten name:	
Address:	

**Disclaimer:** The information contained in this statement is confidential and contains legally privileged information. It is intended solely for use by the school where the child named is currently enrolled. If this statement is not for you, please notify the sender immediately, and securely destroy this copy. Any disclosure, copying, distribution or taking action in relation to the contents of this information is strictly prohibited and may be unlawful. Confidentiality and/or legal privilege are not waived or lost by reason of mistaken delivery.

Phone number:

By phone

By email

Signature:

**Preferred contact** 

Name of kindergarten teacher:

Best time/s to call:

Best email address:

/

Date: