Transition statement consent form

Parent/carer: Release your child's transition statement

Child's name:	Parent/carer's name:			
This form enables you to give consent for your child's transition statement to be shared by the kindergarten teacher with their new Prep teacher 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.

Do you consent to your child's tra shared with your child's school?	nsition statement b	eing	☐ Yes	☐ No	
Do you consent to your child's kin contacting your child's Prep teach school staff to discuss the information statement with them?	er and/or other rele		☐ Yes	☐ No	
Do you consent to your child's tra shared with your child's outside so			☐ Yes	☐ No	□ N/A
Do you consent to your child's Prep teacher and/or other relevant school staff contacting your child's kindergarten teacher to discuss the information in the transition statement with them?			☐ Yes	□ No	
Signature of parent/carer	Date	Signatur	re of parent/car	er	Date
	1 1				1 1

Note: Only one parent/carer's signature is required.



Your name						
Your relationship to the	ne child					
Your phone number						
Your email						
Your preferred langua	age					
Child's date of birth (d	dd/mm/yyyy)	1 1				
Child's gender		☐ Female	☐ Male			
Is your child of Aborig Torres Strait Islander		☐ Yes	☐ No			
Name of the school w	where you would like to atement (if known)					
School's address or email address		Street:				
Please advise your child's kindergarten teacher if you would not like your child's transition statement to be sent by email.		Suburb/town:				
		Postcode:				
		Email address:				
Kindergarten use or Date sent to nominate		1 1				
Kindergarten teacher permission The kindergarten teacher would be pleased to be contacted to discuss the information contained in the transition statement with the new Prep teacher and/or other relevant school staff. (Parent/carer consent is						
required for this contact to be made.)						
Kindergarten name:						
Address:						
Phone number:						
Preferred contact						
By phone	Best time/s to call:					
By email	Best email 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.

Signature:

/ /

Date:

Name of kindergarten teacher: