



**International School of Western Australia**  
22 Kalinda Drive, City Beach 6015  
PO Box 366, Floreat 6014  
Western Australia  
T: 61 8 9285 1144  
F: 61 8 9285 1188  
CRICOS Provider Code: 02674G

## Consent to Release School Records

Student's Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

I give consent for

\_\_\_\_\_

*(school name)*

\_\_\_\_\_

*(street address)*

\_\_\_\_\_

*(city/state/postcode)*

to release the school records of the above named student to the Australian School for International Education. I understand the information will be accessed by the principal and the classroom teacher(s) at the new school on a "need to know" basis.

Releasing School: Please provide student curriculum framework identification number here. \_\_\_\_\_

\_\_\_\_\_  
PARENT CONSENT

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
STUDENT CONSENT

\_\_\_\_\_  
Signature of student (if 16+)

\_\_\_\_\_  
Date