



**DARA  
SCHOOL**

## Authority to exchange information

**P** 08 8317 6020

**A** 4 Gordon Terrace,  
Morphettville, SA 5043

**A** PO Box 656,  
Park Holme, SA 5043

**ABN** 42661209283

**daraschool.sa.edu.au**

As the Parent of \_\_\_\_\_ (students name),

I authorise Dara School Principal / nominated Staff to access information from the organisation or person listed below:

Name of organisation/person \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

### Parent information

In signing this form, you are providing permission for the Dara School to be involved in obtaining information that will assist in supporting your child at school.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Nominated Person – Lynda McInnes and \_\_\_\_\_

Consent ceases at the end of each year or if you transfer to another school.

Regards,

*Lynda McInnes*

Lynda McInnes  
Principal