

ADDITIONAL INFORMATION PERMISSION FORM

In accordance with the Enrolment App	lication Procedures and the Brisbane Catholic Education Privacy
Statement, I/We	(Parent /
Guardian) hereby authorise and direct	the Principal or school representative of Assisi Catholic College,
Upper Coomera, to collect and recor	d any relevant information (either orally or via documentary
material) in relation to my child as follows:	ows:
Child's name:	
Child's Date of Birth	
Current School / Child Care Centre:	
Contact Person:	
Contact Phone Number:	
_	he information will be shared and stored by Brisbane Catholic ne purpose of enrolment application and ongoing education
Parent Signature(s):	
Parent Address:	
Parent Contact Number(s):	
Date:	

Address: 173 Billinghurst Crescent, Upper Coomera Qld 4209

Phone: 07 5656 7100

Email: enrolments@assisi.qld.edu.au

Postal PO Box 1496 Oxenford Qld 4210 Fax: 07 5529 4711

Website: www.assisi.qld.edu.au