



Milkwood
Steiner School

STUDENT SCHOOL HISTORY REQUEST

Previous School: _____

Phone: _____ Email: _____

Student Name: _____ Date of Birth: _____

Person to contact for educational history (Class teacher of previous school):

Date of last attendance: / /

Parent consent for transfer of student records and/or advice

I hereby give consent for the Milkwood Steiner School to obtain, from my child's previous school, information which will assist in the provision of an appropriate educational program. I understand the information will be kept confidential and only accessed by appropriate personnel on a 'need to know' basis.

Parent / Guardian Name: _____

Signature: _____ Date: / /

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Milkwood Steiner School student school history request

Please forward copies of student records and provide any other information which would assist in the provision of an educational program for the above student. This information may include detail of attendance, special programs, support from other agencies and early intervention programs.

Name of current Class teacher or Milkwood Principal: _____

Position: _____

Signature: _____ Date: / /

Milkwood Steiner School

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Website: www.milkwood.nt.edu.au, PO Box 312, Karama, NT, 0812