



Bishop Tyrrell Anglican College

Learn. Lead. Serve.

Information Disclosure Form

Child's Name: _____

Year Group: _____

I/We (insert parent name), _____, give permission for Bishop Tyrrell Anglican College staff to contact my child's previous school and their Allied Health Professionals.

Signed: _____

Date: _____

Previous School Details

Name of School	
Contact Person	
Phone Number	
Email	