



CROSSWAYS LUTHERAN SCHOOL

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www.crossways.sa.edu.au

As the parent/guardian of (student's name),

I/we authorise Crossways Lutheran School Principal and/or Leadership Team to access information that may be of benefit to the education of my child from relevant persons and/or organisations, and previous schools where my child has been enrolled.

In granting this authority, I understand that it will remain current for the period of consideration of my child's application for enrolment at Crossways Lutheran School, and for such period as, and if, my child is enrolled at this school.

Signed
(Parent / Guardian)

Date

Address
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