

PARENTS / CARER WITHDRAWAL CONSENT FORM

**NATIONALLY CONSISTENT COLLECTION OF DATA ON STUDENTS
WITH DISABILITY**

STUDENT NAME: _____

FORM CLASS : _____

I / we _____ (***Name of
parent/carer***)

have been informed of the purpose and extent of the Nationally Consistent Collection of Data on Students with Disability process. Based on our understanding of the process as outlined by the school and from the website <http://education.gov.au/what-nationally-consistent-collection-data-school-students-disability> I/we choose for our child's information on educational adjustments implemented to be **excluded** from the Nationally Consistent Data Collection.

**[Please return this slip to Ms Kate Pavitt (HOSES) by Friday 24 June,
2016]**