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# FOUNDATION CONSENT FORM

I \_\_\_\_\_ (Parent/Guardian Name)

Hereby give permissions for **Wyndham Park Primary School**

to receive information (written and/or verbal) from my child's Early Childhood Educator. I also understand that representatives from Wyndham Park Primary School may attend my child's Kindergarten/Child Care Centre to observe my child to assist with transition into Foundation.

\_\_\_\_\_  
(Childs name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Name of Kindergarten or Child Care Centre)

Signed: \_\_\_\_\_

(Parent/Guardian)

Date: \_\_\_\_\_