

Mayfield State School  
Paget Street  
Carina Q 4152

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E: admin@mayfieldss.eq.edu.au  
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## Permission to Contact Form

I give permission for Mayfield State School staff to make contact with / or visit my child's previous Pre-Prep provider or previous school to exchange information regarding my child's progress and transition to Mayfield State School.

Child Name: \_\_\_\_\_

Pre-Prep provider / School: \_\_\_\_\_

Name of teacher/contact: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_