

Mayfield State School
Paget Street
Carina, 4152
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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: _____