Residential Special School Only Pathway

Information sharing agreement

|  |  |  |  |
| --- | --- | --- | --- |
| **Student name:**  |  | **Date of birth:** |  |
| **Ethnicity (include iwi):** |  | **School year group:** |  |
| **Parent/legal guardian name:** |  | **Parent /legal guardian phone:** |  |
| **Home postal address:** |  |
| **Residential Specialist School:** |  | **School phone:** |  |
| **Residential Specialist School Principal’s name:**  |  |
| **Local school child/young person returning to:** |  |

The purpose of this Information Sharing Agreement is to enable sharing of information about your child/young person with the Residential Specialist School (RSS) so that decisions can be made about how the RSS can support your child/young person in their education away from home.

The information being shared with the RSS includes:

* The RSS only application
* a risk assessment
* key goals that you would like to achieve during your child/young person’s time at RSS.
* a transition plan supporting your child/young person back to their home community school for when they leave the Residential Specialist School.

Information being shared will only be used for the purposes in which it was collected.

We will keep your information safe by storing it in a Ministry of Education electronic case management system in accordance with the Privacy Act 2020.

You have the right to ask for a copy of any personal information we hold about yourself or your child/young person and ask for it to be corrected if it is wrong. If you would like to ask for your information, or to have it corrected, please contact the referrer who made the RSS Only application.

RSS Only Team

|  |  |  |
| --- | --- | --- |
|  | **Name**  | **Contact details** (Email and/or phone) |
| Child/young person |  |
| Parent/Legal Guardian |  |  |
| Referrer |  |  |
| RSS Only Lead Advisor Ministry of Education |  |  |
| Residential School Principal |  |  |
| Enrolment group member(s) |  |  |

Agreement for information to be shared

We agree that information will be shared with only those listed above and used only for the purposes of enrolment decisions and educational planning with the Residential Special Schools.

**Child/Young Person Parent/ Legal Guardian**

Name: Name:

Signature: ................................ Signature: ...............................

Date Date

**Residential Specialist School Principal RSS Only Referrer**

Name: Name:

Signature: ................................ Signature: ..............................

Date Date