



Confidentiality Agreement

School name: _____

Teacher name: _____

Classroom number (if applicable): _____

Age of child: _____

Year level: _____

Parent/Legal guardian contact details: _____

_____ (*Parent/legal guardian name*) gives **Thrive On Education Limited**, authority to access student records and data from the school and/or childcare, as well as provides authority for **Thrive On Education Limited** to observe and assess _____ (*child's name*) and discuss with the school, teacher, and other necessary professionals. **Thrive On Education Limited** will respect the child's rights to privacy and confidentiality and will treat all such conversations with highest standards of discretion.

Service recipient:

(*parent/legal guardian name*)

Signature:

Date: