



**ST MATTHEW'S COLLEGIATE SCHOOL
PARENTAL AUTHORISATION - INTERNATIONAL STUDENTS**

Date:

The Principal
St Matthew's Collegiate School
33 Pownall Street
Masterton
New Zealand

Dear Mrs Gill,

I/we the undersigned parent or guardian of student
irrevocably appoint and authorise the principal of St Matthew's Collegiate School (or
such other person as may be appointed by the school to carry out the principal's duties)
to:

- 1.** Receive information from any person and/or organisation information concerning the student including medical, educational, welfare or financial information
- 2.** Provide consents in respect of any activity carried out and authorised by the school
- 3.** Provide consents that may be necessary to be given on the students behalf in a medical emergency should I/we the parent/s be unable to be contacted.
- 4.** Provide information concerning the student's academic progress and/or behaviour and/or welfare to the international agent/s appointed by the parents at time of enrolment.

It is also understood that any medical information held by the school (i.e: medical insurance details, allergies, etc) may be disclosed by the principal of St Matthew's Collegiate School and/or authorised personal from the school to the appropriate health provider in case of illness or emergency.

Signed: Date:

Full Name:

Relationship to student:.....