

## Permission for Additional Support

Tēnā koe,

We would like to support your students' additional learning needs during their time at Tauranga Girls' College. To provide this assistance, we require signed permission from both you and your student, along with any supporting information or reports that you can provide. We also require your permission to contact your previous school(s) and supporting agencies (e.g., Te Whānau Kotahi or MICAMHS) to ensure that we have complete information to develop a support plan.

As part of this process, your student will be added to our school's student management system (KAMAR), which enables us to store, collate, and share information with our college staff to ensure adequate support for their academic and social development. Such information may include details from parents/whānau, educational or paediatric assessments, previous referrals to external agencies, as well as any transition notes and/or school-based diagnostic assessments.

In some cases, this support may include further school-based testing in the near future. There is no cost for this testing, and the results will provide guidance on the level and type of support we can offer. If required, this information may be shared with external agencies to support your student's learning. These agencies may include Resource Teachers of Learning & Behaviour (RTLb), Ministry of Education (MOE) - Learning Support, and/or the New Zealand Qualifications Authority (NZQA). Any information would be shared in accordance with the NZ Privacy Act guidelines, with the expectation of professionalism and confidentiality.

If you have any questions or queries regarding the assistance we can provide to support your student's learning, please do not hesitate to contact me.

Mrs. Trish Valois  
Te Manawa - Learning Support Department  
[tvalois@tgc.school.nz](mailto:tvalois@tgc.school.nz)

---

Student name: \_\_\_\_\_ Whānau class: \_\_\_\_\_

Signed student: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Yes, I permit Tauranga Girls' College to contact my student's previous school(s) and support agencies to collect information about their educational and developmental history.
- ☐ Yes, I permit my student to have additional testing, if necessary.
- ☐ Yes, I permit my student to be included on the Tauranga Girls' College Learning Support Register.

Parent/Caregiver name: \_\_\_\_\_

Signed Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Year-level Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Extra information: \_\_\_\_\_

---