If you **do not** want your child to be counted in the data collection, please complete the attached form and return it to the school with your enrolment.

Nationally Consistent Collection of Data on School Students with Disability

I/we ________________________________________________

Name of parent/carer

**do not** wish my child__________________________________________ to be counted

Name of child

for the purposes of the collection of Nationally Consistent Data on School Students with Disability.

Parent/Carer signature: ___________________________ date: __________