



## PARENTAL PERMISSION FORM

**Pupil's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### **A. Photographs/DVD's:**

Throughout your child's education in Scoil Mhuire it may be necessary to take photographs/DVD recordings of your child for displaying their work or if they win a prize. Examples of these occasions would be for winning Credit Union Quizzes, Cumann na mBunscoil Competitions or First Holy Communion, Confirmation, School Concerts, etc. These photographs/DVD's may be published or used for promotional purposes. Please indicate on the slip below whether or not you want photographs or DVD recordings taken of your child.

I/We give permission

I/We do not give permission

for my child to have their photographs or DVD recordings taken for school related events.

### **B. Health Service Executive:**

Throughout your child's education in Scoil Mhuire the Health Service Executive may ask Scoil Mhuire to furnish them with pupils names, parents names, dates of birth and addresses of pupils attending this school. This information would be used to facilitate the HSE contacting you regarding eyesight checks, hearing checks, dental checks, etc. for your child. Please indicate on the slip below whether or not you want your contact details or your child's details to be forwarded to the HSE if they request them.

I/We give permission

I/We do not give permission

for my contact details or my child's details to be forwarded to the Health Service Executive.

### **C. Secondary Schools:**

Throughout your child's education in Scoil Mhuire the Secondary Schools in County Monaghan may ask Scoil Mhuire to furnish them with pupils names, parents names, dates of birth and addresses of pupils attending this school. This information would be used to facilitate them contacting you regarding their introductory meetings and open nights. Please indicate on the slip below whether or not you want your contact details or your child's details to be forwarded to the secondary schools if they request them.

I/We give permission

I/We do not give permission

for my contact details or my child's details to be forwarded to the Secondary Schools.

**Signature of Parents/Guardians:**

\_\_\_\_\_  
**Mother's /Guardian's Signature**

\_\_\_\_\_  
**Father's /Guardian's Signature**

**Date:** \_\_\_\_\_