

Consent Form re Supervised Study

My daughter will avail of the supervised study sessions in the school as follows:

(Please tick relevant box)

- 2-hour session Monday-Thursday @ €175
- 3-hour session Monday-Thursday @ €250
- Additional 2 hours on Fridays €50.

Mon Tue Wed Thu Fri *(Please tick which days she will attend)*

Paid online Amount paid _____ on _____ (date paid)

Signed: _____ (Parent/Guardian) Date: _____

Daughter's Name: _____ Class: _____