



**OUR
LADY'S
SCHOOL**
TERENURE



Parent/Guardian's Consent Form (3rd Year)

I wish my daughter, _____ Class: _____ to avail of the supervised study facility in the school.

She will attend on the following days (please tick as appropriate):

- Monday
- Tuesday
- Wednesday
- Thursday

The cost of the facility from January to May is as follows:

- 2 days €98
- 3 days €147
- 4 days €195

Please indicate the amount you wish to pay by ticking the appropriate box.

Signed: _____ Date: _____

(Parent/Guardian)