



**OUR  
LADY'S  
SCHOOL**  
TERENURE



### Parent/Guardian's Consent Form (5th 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
- Friday

The cost of the facility from January to May (2 hour sessions) is as follows:

- 3 days €147
- 4 days €195
- 5 days €250

The cost of the facility from January to May (3 hour sessions) is as follows:

- 3 days €207
- 4 days €275
- 5 days €330

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

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

(Parent/Guardian)

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