



**OUR
LADY'S
SCHOOL**
TERENURE



Parent/Guardian's Consent Form

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 April to May is as follows:

- 3 days €55
- 4 days €75
- 5 days €90

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

Signed: _____ Date: _____

(Parent/Guardian)

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