

**PHA Parental Consent Slip**

***Please tick as appropriate, complete the grids below and return the slip to the school***.

In the event that the PHA requests contact details for my child/children, **I CONSENT** to St. Laurence O’Toole’s P.S. sharing these details.

In the event that the PHA requests contact details for my child/children, **I DO NOT CONSENT**  to St. Laurence O’Toole’s P.S. sharing these details.

|  |  |  |
| --- | --- | --- |
|  | **Pupil Name:** | **Class / Year** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

|  |  |
| --- | --- |
| **Name of Parent/Guardian:** |  |
| **Signature of Parent/Guardian:** |  |
| **Date:** |  |