



## DATA PROTECTION/PERMISSION TO USE PHOTOGRAPHS & VIDEOS OF STUDENTS ACCEPTANCE FORM 2018/2019

Name: \_\_\_\_\_

Year: \_\_\_\_\_

Has read the Data Protection/Permission to use photographs & videos of Students of Presentation Secondary School Listowel and has discussed it with my parent(s)/ guardian(s).

I Agree to photographs/videos

I Disagree with photographs/videos

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

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

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I/we, the parent(s)/guardian(s) of \_\_\_\_\_  
have read the Data Protection/permission to use photographs & videos of students, with  
\_\_\_\_\_. We accept that she is enrolled into the school in  
accordance with the terms of the Policy.

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

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

**PLEASE RETURN THIS FORM TO YOUR CLASS TUTOR**