



DATA PROTECTION/PERMISSION TO USE PHOTOGRAPHS & VIDEOS OF STUDENTS ACCEPTANCE FORM 2019/2020

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: _____

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