

PARENTAL DIRECT MARKETING CONSENT



Please **complete all shaded boxes on these forms**

The school may wish to share with you details of events/activities from carefully selected providers, including our parents' group. We need your consent below to allow us to send this information by email / messaging / leaflet

| | | |
|----------------------------|------------|--|
| Name of School | | |
| Name of Child | Year Group | |
| | | |
| Name of Parent(s)/Carer(s) | | |
| | | |

Please indicate **Y or N** to the following boxes:

| | |
|--|--|
| | I give consent to receive information from non-profit organisations connected to the school |
| | I give consent to receive information from carefully selected providers that promote activities for children (e.g. library services, holiday clubs) |

| | |
|---|------|
| <p>Signature of Parents/Carers with Legal Responsibility for the Child</p> <p>(please use an electronic signature where possible – we will send this back to you for signing if not)</p> | Date |
| | |

You may withdraw your consent at any time.

Please notify the office of any changes to these arrangements.