

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)

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

You may withdraw your consent at any time.

Please notify the office of any changes to these arrangements.